

# Haytor View Community Primary School & Nursery

*Learning together – enjoying success - aiming high - celebrating difference  
– enriching community*



## Supporting Pupils at School with Medical Conditions [2020 - 21]

### Introduction

This Policy is based on Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, September 2014

### Key Points

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The Governing body will ensure that arrangements are in place in school to support pupils at school with medical conditions.
- The Governing body will ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported. The Safeguarding Governor will monitor this through regular meetings with the Safeguarding Designated Person
- The Interpretation of this Policy at Haytor View Community Primary School assumes a Pupil with a Medical Condition is NOT a child needing a short course of antibiotics, with a minor and very temporary illness.

### Background

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) 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 the Special educational needs and disability (SEND) code of practice. For pupils who have medical conditions that

require EHC plans, compliance with the SEND code of practice will ensure compliance with the statutory elements of this guidance with respect to those children.

## **Responsibilities of the Governing Board**

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, a headteacher, a committee or other member of staff as appropriate. Help and co-operation can also be enlisted from other appropriate persons. We expect that an approach to meeting the duty will be taken in light of the statutory guidance. This will inform the school about what needs to be done in terms of implementation. However, the governing body remains legally responsible and accountable for fulfilling their statutory duty.

At Haytor View Community Primary School the SEND Coordinator and Phase Leader in cooperation with parents, child and other appropriate persons and agencies make the arrangements. The Co-Head Teachers monitors this.

The governing board must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will 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.

Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, the governing board should 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. Governing boards should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing board should ensure that their arrangements give parents and pupils' confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should 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. They should ensure that staff are properly trained to provide the support that pupils need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing boards should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The governing body must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

The governing board should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. In developing their policy, schools may wish to seek advice from any relevant healthcare professionals.

The governing board should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively.

## **Implementation of Arrangements**

- At Haytor View Community Primary School the Co-Head Teachers are responsible for ensuring that sufficient staff are suitably trained, and that all relevant staff will be made aware of the child's condition;
- At Haytor View Community Primary School The Co-Head Teachers and Phase Leader will ensure that at each stage of a child's development and change of engagement with the school (e.g. changing class) all staff, who could be called upon to understand and account for the medical needs of the child are trained in meeting the needs of the child. This would be done through a Review of the Health Care Plan. This will include if relevant lunchtime, first aid, parents, if appropriate the child and other agencies and health professionals will be in attendance.
- The meeting will be minuted through the production of a clear summary document 'Health Care Plan' which will be produced and included in the Health Care Register in each class. These are produced with photographs by the Admin team and are signed by a parent/carer to indicate that the information is correct. On this will be listed an individual to whom a Supply Teacher can contact for more details.
- It is possible that the Health Care Plan review Meeting will be two meetings, the first of which produces the Health Care Plan and the second engages and disseminates the procedures i.e. 'training' to relevant staff.
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available & briefing for supply teachers, will be covered in the health care plan;
- A clear 'Health Care Plan' is included in the Health Care Register in each class. The Admin team will ensure that these are always fully up to date and that teachers are told verbally when a change has been made. On this document will be listed an individual to whom a Supply Teacher can contact for more details. Teachers will pass on all relevant details in advance to a planned supply teacher. In the case of emergency cover, those booking such cover will have a list of all children covered by this policy and will be given essential information at the point of contact and further direct the supply teacher to the named individual for full face to face instruction on arrival.

### **Risk assessments for school visits, residentials, and other school activities outside of the normal timetable:**

- At Haytor View Community Primary School, the phase leaders are responsible for working with the Co-Head Teachers to ensure the appropriate staff produce the necessary Risk Assessment including the Health Care Plan adapted for the new circumstances of a Residential Visit.
- As school visits are a regular feature of life at Haytor View Community Primary School including the attendance at Sporting Events, provision for these should be included in the original Health Care Plan.

### **Monitoring of individual healthcare plans:**

- Health Care Plans will always be reviewed when a child is transferring to a new school year and a new teacher;
- Parents are asked to annually update the information they have in relation to their child's health care needs, via the checklist sent home each September;
- Regular reminders are placed on the newsletter to remind parents to update the school regarding any health care needs their child has.

### **Procedure to be Followed when Notification is received that a Pupil has a Medical Condition**

Governing Boards should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition. Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

At Haytor View Community Primary School on notification that a pupil has a medical condition the Head Teacher will work with the Phase Leader to call a Health Care Plan Meeting. It will be agreed which staff and agencies will need to be at the meeting. The meeting should be arranged within two weeks and for children due to start at school in the Foundation Year as far in advance of the start date as possible. It is

possible that the Health Care Plan Meeting will be at least two meetings, the first of which produces the Health Care Plan and the second engages and disseminates the procedures i.e. 'training' to relevant staff.

- All staff, who could be called upon to understand and account for the medical needs of the child will be trained in this meeting or a subsequent meeting regarding the needs of the child. This will include if relevant lunchtime, first aid. It is expected that healthcare professionals will be in attendance and will lead on the medical advice and procedures.
- The meeting will be minuted through the production of a clear summary document 'Health Care Plan' will be produced and included in the Health Care Plan Register in each class. These are produced with photographs by the Admin team and are signed by a parent/carer to indicate that the information is correct. On this will be an individual to whom a Supply Teacher can contact for more details.
- The same procedures will be followed in all circumstances such as a new diagnosis of a pupil already at school or children moving to Haytor View Community Primary School mid-term. Similarly if the health care needs of a child change or a pupil is being reintegrated the whole process is repeated.

Schools do 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.

Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

### **Individual Health Care Plans**

Governing boards should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions. Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They 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, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Co-Head Teachers are best placed to take a final view.

The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should 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 special educational needs should be mentioned in their individual healthcare plan.

At Haytor View Community Primary School there are the following Health Care Plans:

- Health care plan
- General toileting plan
- Asthma Plan
- Food Allergy Plan

Individual healthcare plans (and regular review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, 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. Pupils

should also be involved whenever appropriate. The aim should be to capture the steps, which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

The governing Board should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed 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 special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

At Haytor View Community Primary School there will be at least one annual review at the moment of transfer from one year group to another. There will be additional reviews when there is any change to the circumstances around the medical condition or following a change in the circumstances of the school e.g. building work, new provision, staffing changes.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the following is considered:

- 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 (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 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 parent/child, the designated individuals to be entrusted with information about the child's condition; and
  
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **Roles and Responsibilities**

The governing board should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential

requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

Some of the most important roles and responsibilities are listed below, but schools may additionally want to cover a wider range of people in their policy.

The Governing board must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing boards should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

At Haytor View Community Primary School, the above will be discussed by the Governor with responsibility for Safeguarding, SEND at the termly link governor meetings

The Co-Head Teachers – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

The Co-Head Teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

The Co-Head Teacher (Strategic) has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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.

School staff – any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition, which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals, including GPs and paediatricians – should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authorities – are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services – should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Ofsted – their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

## **Staff Training and Support**

Staff will access appropriate support and training in carrying out their role to support pupils with medical condition in accordance with identified needs of pupils. Any member of school staff providing support to a pupil with medical needs will receive suitable training.

Training needs will be identified during the development or review of individual healthcare plans.

Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

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

## **Administration of Medicines (refer to separate policy)**

### **The Child's Role in Managing their own Medical Needs**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

*Generally the above would not be seen as being appropriate for Primary School pupils, though it is acknowledged that in exceptional circumstances this could be facilitated in a safe area away from other children.*

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

At Haytor View Community Primary School if a child refused to take a medicine, parents would be contacted immediately for their advice and decision.

### **Managing Medicines on School Premises (refer to separate policy)**

1. medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
2. no child under 16 should be given prescription or non-prescription medicines without their parent's written consent
3. The school will not administer non-prescription medicines
4. a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
5. The only occasion where pain relief medication would be administered is on a residential Visit. In order to administer pre approval is gained from the parent prior to the visit.
6. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
7. schools should only accept prescribed 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 to schools inside an insulin pen or a pump, rather than in its original container
8. all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
9. All medicines are stored in phase group locked first aid cabinets in the class room. They are under the management of the Phase First Aider.
10. The exceptions are inhalers, which are required to be worn by the pupil.
11. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school

12. school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should 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 school should be noted
13. when no longer required, medicines should be returned to the parent to arrange for safe disposal.
14. Sharps boxes should always be used for the disposal of needles and other sharps

## **Record Keeping**

**Governing bodies should ensure that written records are kept of all medicines administered to children.**

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

The administration of ALL medicines is ALWAYS recorded on the school central record, on the LA model format. The authorisation and procedures for the administration of medicine is agreed in advance between the school, the person(s) administering the medicine and the parents.

Parents are requested to collect out of date or unused or no longer required medicine from the school.

## **Emergency Procedures**

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK.

Haytor View Community Primary School has a full and comprehensive Emergency Plan covering all situations.

Where a child has an individual healthcare 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. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. Children with EMERGENCY medical needs are flagged as RED in the Health Care Plan. A printed record of these are kept in the classroom and office for immediate reference.

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

At Haytor View Community Primary School there are many key Health and Safety points. These provide all information required regarding what to do in an emergency, key information, lists of first aiders, contact numbers for vital services e.g. gas, water and electricity and Fire Notices. Staff act as the parent of a child until a parent / grandparent takes over that responsibility. Thus in the absence of a parent / grandparent, staff will always remain with a child in an emergency, in an ambulance and at a hospital / medical centre.

## **Day Trips, Residential Activities and Sporting Events (refer to off site visits policy and standard operating procedures)**

Governing Boards should ensure that their 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. Teachers should be aware of how a child's medical

condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should 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.

It is the first expectation that all children participate in and are included in all aspects of school life. It is expected that activities are differentiated to enable full participation. This includes all sporting activities and school visits.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

At Haytor View Community Primary School, the leader of the residential visit are responsible for working with the Headteacher and the Phase Leader to ensure the appropriate staff produce the necessary Risk Assessment including the Health Care Plan adapted for the new circumstances of a Residential Visit.

As school visits are a regular feature of life at Haytor View Community Primary School including the attendance at Sporting Events, provision for these should be included in the original Health Care Plan.

## 1. UNACCEPTABLE PRACTICE

### Unacceptable Practice

Governing boards should ensure that the school's policy is explicit about what practice is not acceptable. Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare 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; 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 or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- 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 to accompany the child.

1. At Haytor View Community Primary School, inhalers are stored in a central box in the classroom, accessible to the child. This facilitates immediate administration.
2. Children are not allowed to keep inhalers in book bags, which could delay administration.
3. First Aid cabinets for each phase are positioned near the sink area in the unit. All personal medication is kept here. It is under the supervision of the Phase First Aider but easily accessible to staff.
4. At Haytor View Community Primary School every child with a Medical Condition will be seen as an individual case and treated as such.
5. At Haytor View Community Primary School it is expected that all children are included in all opportunities and expected to strive for 100% attendance.
6. At Haytor View Community Primary School if a child requires medical attention an adult would send for the nearest first aider if it was inappropriate for the child to be moved. There are first aiders attached to every year group.
7. At Haytor View Community Primary School all medical appointments are authorised, though parents/carers are encouraged wherever possible to arrange these out of learning hours.
8. All children have access to water at any time. No child with or without a medical condition would be deprived from taking necessary food, breaks or from visiting the toilet.
9. Generally speaking all children have open access to the toilets unless the child is deliberately and unnecessarily wasting time with no medical need.
10. At Haytor View Community Primary School, the Health Care Plan for a Pupil with a Medical Condition will always ensure that staffing is in place within the school to provide for all medical support including toileting and administration of medicines. This does not include the administration of a short course of medicine for a brief illness. For short-term illnesses requiring a course of antibiotics for example, we request that parents make arrangements for the administration of medicines. It is normally possible for a dose to be given three times a day avoiding the need for a dose during normal school hours. If necessary, we request a parent, or a person designated by the parent, attends the school at the appropriate times to administer the medicine.
11. Whenever there is a long-term requirement for medical support during school time, the school WILL support the child/family. In these circumstances medicines will be administered. This will be agreed in advance to ensure that needs are properly met.
12. Haytor View Community Primary is a fully inclusive school. Provision is made for all children to participate in all aspects of school life. Parents are not expected to attend a school visit on which their child is participating. Everything possible is done to ensure any Medical Condition or Disability is

accounted for. (Non Medical behavioural issues may result in pupils not being able to take part in extended school provision, if the behaviour of the child poses a risk to the child and/or others).

## **Liability and Indemnity**

Governing boards of maintained schools and management committees of PRUs should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangements (RPA), a scheme provided specifically for academies. It is important that the school policy sets out the details of the school's insurance arrangements, which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

## **Complaints**

Governing boards should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions. Should parents 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 via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement<sup>11</sup>, or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

At Haytor View Community Primary School we work very hard to uphold the aims and procedures described in this policy. However we recognise that despite every effort and safeguard parents/carers may feel the need to question actions and raise any concerns they have. The school complaints policy details the arrangements for this.