

Ryders Hayes School
A Primary Learning Academy



Supporting pupils with medical conditions policy

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“Do the right thing to be the best you can be”... RYDERS HAYES

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Mission: At Ryders Hayes School, children and staff will strive to:

'Do the right thing to be the best you can be' ... 

Vision and values:

To nurture and facilitate the growth of our pupils and their learning; equipping them with the skills and attributes to embrace the challenges of a rapidly changing world. To enjoy success for today and be prepared for tomorrow, by instilling the values of:

Enquiry: Search for knowledge through questioning and research

Adaptability: Thrive in a variety of situations and approach a task with confidence

Resilience: Keep on trying even when something is difficult

Morality: Know the difference between right and wrong and show this in interactions with others

Effective Communication: Share thoughts and feelings through speech and actions

Thoughtfulness: Use a wide range of thinking skills to solve a problem

Collaboration: Work alongside others, understanding everyone's role within the group, as well as respecting the views and ideas of others

Respect : Show respect for the needs of other people, living things and the environment

International /open mindedness: Be open and receptive to the circumstances, views, beliefs, and religions of people from other countries and cultures; people of different races and family structures; people with disabilities, and be at ease with anyone who is different from us.

Growth Mindset: learn at all costs; work hard-effort is key; confront mistakes and deficiencies as opportunities, and learn from them.

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The 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 healthcare plans (IHP) or Asthma Plans

The named person with responsibility for implementing this policy is Cheryl Heaton

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](#) and the information shared by Walsall Council of the same name.

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

3. Roles and responsibilities

3.1 The governing board

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

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHP OR ASTHMA PLANS), including in contingency and emergency situations
- Take overall responsibility for the development of IHP OR ASTHMA PLANS
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse

- Ensure that systems are in place for obtaining information about a child’s medical needs and that this information is kept up to date

3.3 Staff

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

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

At the time of writing, the following staff have undertaken the Paediatric First Aid Training and are certified to administer first aid within the school.

Clarice Moreton	Louise Farmer
Daisy Fellows	Louise Salt
Emily Page	Maxine Shaw
Harry Britton	Nicola Donnellan
Jenny Adams	Shelley Bagg
Lauren Warner	Sophie Simcox
Leanne Griffiths	Wayne McDonald

Teachers will consider 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.

Procedure for dealing with injuries is set out in the staff planner, updated annually.

3.4 Parents

Parents will:

- Provide the school with enough and up-to-date information about their child’s medical needs
- Be involved in the development and review of their child’s IHP or Asthma Plan and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP or Asthma Plan e.g. provide medicines and equipment

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

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

4. Equal opportunities

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

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

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

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP or Asthma Plan.

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

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHP or Asthma Plan for pupils with medical conditions. This has been delegated to Cheryl Heaton. We use the Template A provided by the DFE found at gov.uk

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 or Asthma Plan. It will be agreed with a healthcare professional and/or the parents when an IHP or Asthma Plan 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, if necessary, 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.

IHP or Asthma Plan 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 or Asthma Plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and Cheryl Heaton will consider the following when deciding what information to record on IHP or Asthma Plan.

- 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

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

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

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

The school will only accept prescribed medicines that are:

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

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

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

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

School will keep a spare inhaler (Blue) and an EpiPen on site in case of emergencies. The inhaler must be used with a spacer, which must be disinfected after use, or thrown away in the case of damage. Parents must be informed about its use and the use recorded in the medicines log book (Kept in the school main office).

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.

School will agree with parents and relevant healthcare professionals to administer the controlled drug as long as appropriate training and agreement by all parties is in place. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

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

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHP or Asthma Plan.

Inhalers are kept in a medicine box in the classroom and is always taken on trips and outside for PE.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP or Asthma Plan but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary

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

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHP OR ASTHMA PLANS will clearly set out what constitutes an emergency and will explain what to do.

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

9. Training

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

The training will be identified during the development or review of IHP or Asthma Plans. 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/Cheryl Heaton. 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 IHP or Asthma Plans.
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

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

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

10. Record keeping

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

IHP or Asthma Plans are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

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

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

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

13. Monitoring arrangements

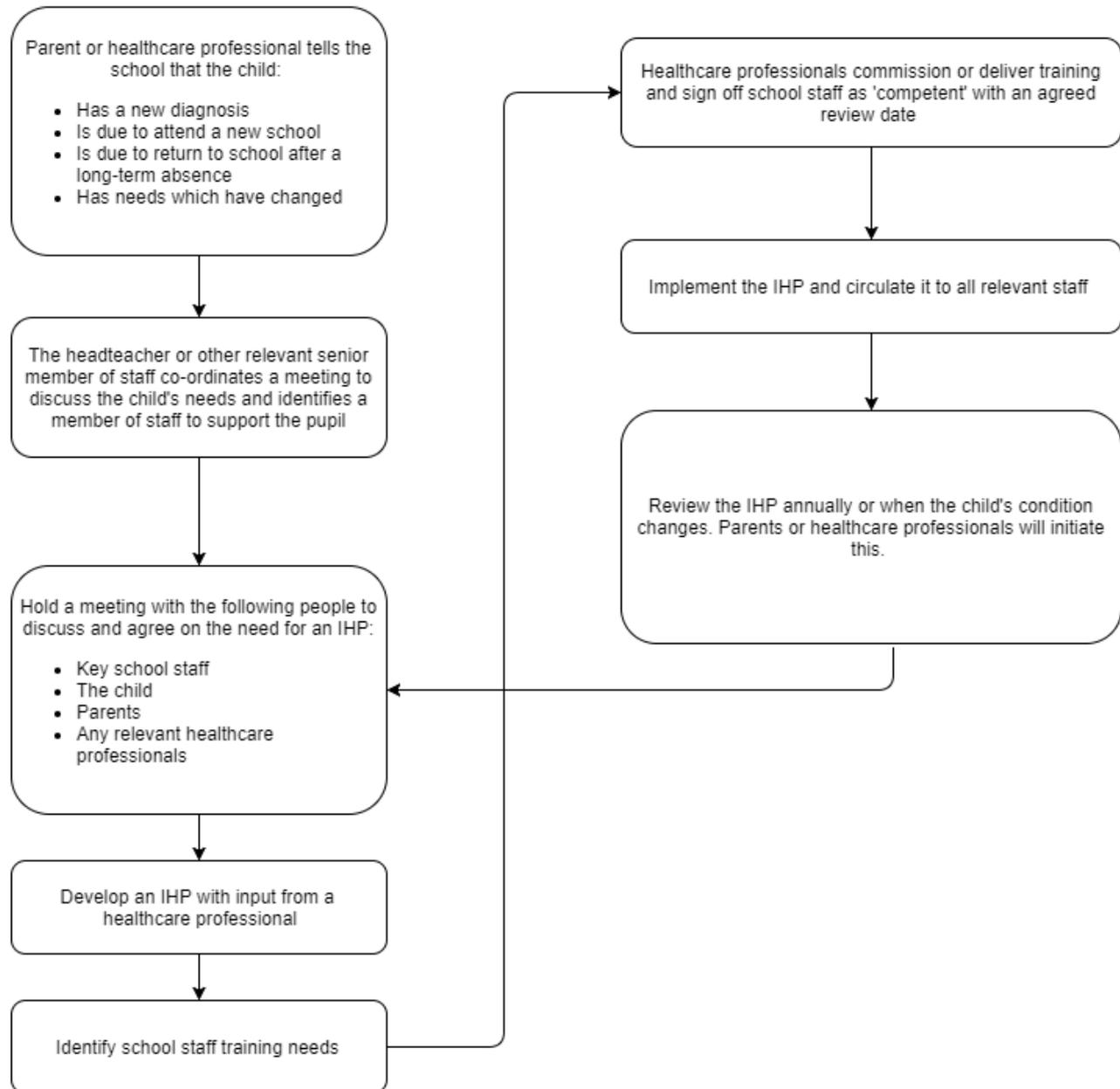
This policy will be reviewed and approved by the governing board annually.

14. Links to other policies

This policy links to the following policies:

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

Appendix 1: Being notified a child has a medical condition



and if they feel well and no longer have symptoms similar to coronavirus (COVID-19), **then** they can stop self-isolating. *Other members of their household can stop self-isolating.*

then other members of their household should self-isolate for 14 days from when the symptomatic person first had symptoms.



Confederation of School Trusts

This diagram shows how to advise individuals (children and adults) and their households if they become unwell OR if they are sent home because they have been in contact with someone who is ill. It is based on the [guidance](#) for the full opening of schools set out in section one, Public Health advice to minimise risks. This is not a substitute for reading the full guidance and CST does not accept responsibility if you use this solely or instead of the planning guidance.

A person with symptoms

If a person becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), **then they must be sent home, arrange a test and self-isolate for at least 7 days**

If a person becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), **then other members of their household should self-isolate for 14 days from when the symptomatic person first had symptoms.**

If a person with symptoms **tests negative and if they feel well and no longer have symptoms similar to coronavirus (COVID-19), **then** they can stop self-isolating. *Other members of their household can stop self-isolating.***

If a person with symptoms **tests positive, **then other members of their household should self-isolate for 14 days from when the symptomatic person first had symptoms.****

A person who is sent home because they have been in contact with someone with symptoms

A person who has been in contact with someone showing symptoms will be sent home and asked to self-isolate for 14 days.

If a person has been in contact with someone showing symptoms and is sent home to self-isolate for 14 days, **then** *their household* does not need to self-isolate, unless the person who is self-isolating subsequently develops symptoms.

If a person who has been in contact with someone showing symptoms subsequently *develops symptoms themselves* within their 14-day isolation period, **then** they should stay at home and get a test.

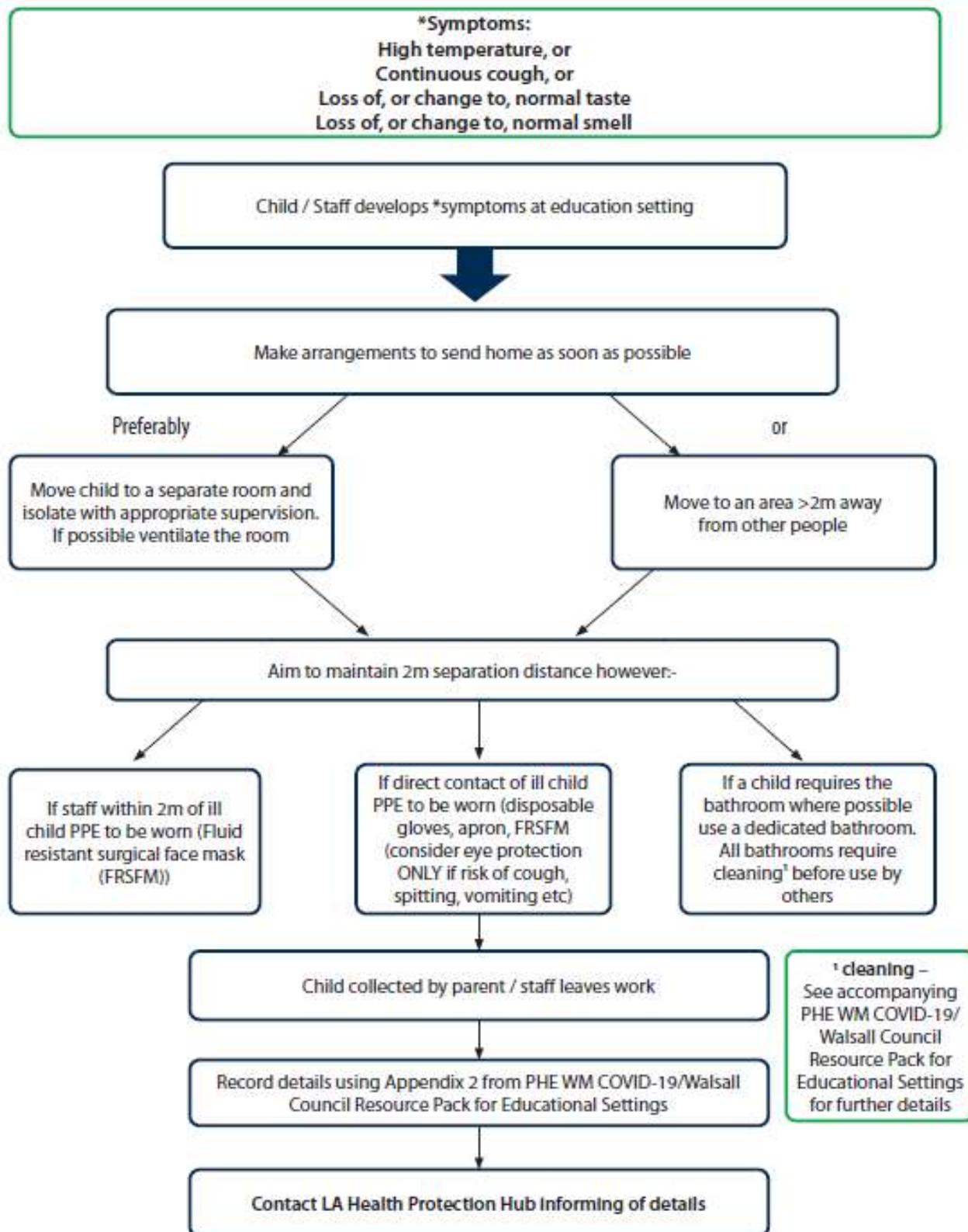
If the test delivers a *negative result*, **then** they must remain in isolation for the remainder of the 14-day isolation period as you could get symptoms after being tested

If the test delivers a *positive result*, **then** they should inform their school immediately, and must isolate for at least 7 days from the onset of their symptoms.

If the test delivers a *negative result*, **then** *their household* can stop self-isolating if they do not have symptoms

If the test delivers a *positive result*, **then** *their household* should self-isolate for at least 14 days from when the symptomatic person first had symptoms.

Child/ Staff becomes ill/ Symptomatic at educational setting



Management of a confirmed case in the school (staff or pupil)

School contacted by a contact tracer either from national system, local Public Health England or Walsall Health Protection Hub

Information collected by school and contact tracer to identify contacts of the confirmed case in the 48 hours prior to symptoms Eg:

- Pupils and staff in the bubble
- Anyone they have had direct contact with
- Anyone else they may have had close contact with from more than 15 minutes

All direct and close contacts excluded from school* and advised to self-isolate for 14 days starting from date of last contact with confirmed case, HOWEVER household members of direct and close contacts do not need to self-isolate at this stage unless the contact becomes symptomatic

Template letters provided to schools sent out to families with advice, (close contact of COVID-19)

Contacts **DO NOT** need to be tested at this stage unless develop symptoms
School does not need to close at this time unless advised by contact tracer – contact and arrange cleaning as appropriately

Local Authority to assist in any media enquiries.

School & PHE/Walsall Health Protection Hub remain in regular contact throughout 14 day period.

*this should be via contact tracing service however should be discussed and agreed during telephone conversation



Walsall Council

Education Setting notified of a suspect case

***Symptoms:**
High temperature, or
Continuous cough, or
Loss of, or change to, normal taste
Loss of, or change to, normal smell

Suspect case or household member with symptoms* /confirmed COVID-19

Parent/guardian/carer notify setting by phone

Record details using Appendix 1 from PHE WM COVID-19/Walsall Council
Resource Pack for Educational Settings

Parent/guardian/carer advised to:-

- self-isolate - 7 days for symptomatic individual, 14 days for household member
- arrange testing for symptomatic individual (e.g. via NHS 119, internet or local mobile centre)
- If anyone who is symptomatic deteriorates or becomes symptomatic seek appropriate medical advice

Forward Appendix 1 details to LA Health Protection Hub.



Walsall Council

4.10 The school will review this policy annually and assess its implementation and effectiveness.

Policy Review

This policy will be reviewed in full by the Governing Body..

The policy was last reviewed and agreed by the Governing Body on

It is due for review on

Signature

Date

Head Teacher