



A School Partnership In Rural England

Motto : ‘ **We Aspire to Inspire**’

Our Values – using the initials of the names of the schools.

K – Kindness

U – Understanding

P – Patience

H – Honesty

L – Love

B – Boldness

Policy for Supporting Pupils with Medical Conditions

Document History

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Review Annually

The term ‘school’ refers to the schools in the ASPIRE Federation: Kingswood Primary, Ulcombe CE Primary, Platts Heath Primary and Leeds and Broomfield CE Primary. The term may refer to them jointly or individually.

At our two Church of England schools this policy will be delivered through strong links made to our Christian values:

Leeds & Broomfield Church of England Primary School

At Leeds & Broomfield we build strong foundations for all; to learn, flourish and fill their hearts with God’s love. Everyone is important, valued and needed to make L&B grow. We give a quality all round nurturing education which develops the whole child; If the rain came we would not fall.

*“As many hands build a house, so many hearts make a school.”
(Matthew Ch 7 24-27)*

RESPECT RESILIENCE EMPATHY CURIOSITY HONESTY

Our school Christian Values support the development of the children and all within the school and local community, giving the children and staff a positive outward looking view. The pupils and staff support and help each other and the local community enabling all to flourish.

We have explored the story of Matthew (Ch 7 24-27) showing curiosity, and the children felt empathy for the builder of the house on the sand, but said they must be resilient to try again. Jesus was honest with his followers and people followed and trusted him. The story continues showing how Jesus respected all and everyone who wanted to listen and learn could – no one was turned away. This high level of inclusion and respect is what makes Leeds and Broomfield a great school community to be part of ‘many hearts make a school’.

Ulcombe Church of England Primary School

Ulcombe Church of England School is a nurturing, inclusive learning space, where our uniqueness inspires trust and welcomes diversity. Our children all flourish (for however long they are with us), in an environment where learning through making choices (good or bad) is not only embraced but discussed and, when needed, forgiven. This allows our learners to become positive role models in their wider communities. The whole school community works together in unity to ensure that our practice fully reflects the passage of Corinthians 12:12-14. The children and adults feel included and appreciated as one body with diverse cultures learning, working and flourishing together to accept everyone and nurture their aspirations for the future.

*“One body, many members, learning together surrounded by God's inclusive love.”
(Corinthians 12:12-14)*

TRUST RESPECT HOPE ENDURANCE

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Policy for Supporting Pupils at School with Medical Conditions

Introduction

Across ASPIRE, children with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can:

- play a full and active role in school life
- remain as healthy as possible
- achieve their academic potential
- access and enjoy the same opportunities at school as any other child

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. We recognise that each child's needs are individual and may change over time.

Their medical condition may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary reintegration programmes. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have a Statement or Education, Health and Care Plan (EHCP). We will work together with other schools, health professionals, support services, and the Local Authority.

The admission to school is conducted by Kent County Council. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does 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, e.g. where a hospital has advised a child to remain at home but the parent chooses to send them to school.

Across ASPIRE, we will have due regard to the following documents in line with this policy:

- ❖ Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', April 2014 (This statutory guidance also refers to other specific laws.)
- ❖ Children and Families Act 2014 (Section 100)
- ❖ Equality Act 2010
- ❖ Special Educational Needs Code of Practice
- ❖ Other school policies, such as Child Protection, Equal Opportunities, Administering Medicines and Special Educational Needs.

Policy Implementation

- The Executive Headteacher/Head of School will ensure that sufficient staff are suitably trained
- All relevant staff will be made aware of the child's condition
- Cover arrangements will be put in place to cover for staff absence, to ensure that someone is always available
- Supply teachers will be briefed
- Risk assessments will be put in place for educational visits, and other school activities outside the normal timetable

- Individual healthcare plans will be monitored frequently

Procedure to be followed when notification is received that a pupil has a medical condition

The school, in consultation with all relevant stakeholders including parents, will:

- Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- Put arrangements into place in time for the start of the new school term if it is a child starting at the school.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks.
- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing Health Care Plans.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Any staff training needs are identified and met.

Individual Healthcare Plans

The purpose of IHPs is to provide clarity about what needs to be done, when and by whom. They are particularly essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. IHPs are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption.

IHPs, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents, and relevant healthcare professionals, e.g. Specialist or community nurse. Wherever possible, the child will also be involved in the process. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring the plan is finalised and implemented rests with the school.

Across ASPIRE the IHP will be completed by the school SENCo and monitored in conjunction with the Head of School

The IHP is a confidential document and the level of detail will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a Statement or EHCP, their special educational needs will be mentioned in their IHP. If they have an EHCP, the IHP will be linked to it, including at review times.

The IHPs are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed or there are arising difficulties. However, not all children with a medical condition will require an IHP. The school, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head of School will take the final view.

A flow chart for agreeing an IHP is provided in Annex A.

The information to be recorded on IHPs

When deciding on the information to be recorded on individual healthcare plans, the following will be 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
- specific support for the pupil's educational, social and emotional needs – for example, 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 child is self managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- who will provide the 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 and the head of school 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 or child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. (Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their IHP)

A record form for agreeing an IHP is provided in Annex B (although health professionals may wish to provide their own form).

Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively, both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

1. Governing Body

The Governing Body will ensure that:

- pupils in school with medical conditions are supported
- a policy is developed, implemented and monitored
- staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions

2. Executive Headteacher/Head of School

The Executive Headteacher/Head of School will ensure that:

- the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented with partners.
- all staff are aware of the policy and that they understand their role in implementing the policy.

- all staff who need to know are aware of a child's condition.
- sufficient trained numbers of staff are available to implement the policy and deliver against all the IHPs, including in contingency and emergency situations.
- the development of IHPs is carried out.
- all staff are appropriately insured to support pupils in this way.
- liaison with the school nurse is carried out in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

3. School Staff

Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so.

Although administering medicines is not part of a teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach.

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.

4. School Nurses

They should notify school when a child has been identified as having a medical condition which will require support in school

They can support staff on implementing a child's IHP and provide advice and liaison e.g. training

They can liaise with lead clinicians on appropriate support

5. Other healthcare professionals, including GPs and paediatricians

They should notify the school nurse when a child has been identified as having a medical condition that will require support at school

They can advise on IHPs

6. Pupils

Pupils with medical conditions may be best placed to provide information about how their condition affects them

They should be involved in discussions about their medical support needs and contribute as much as possible to the development of their IHP.

They should comply with their IHP

Other children will often be sensitive to the needs of those with medical conditions

7. Parents

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

They will be involved in the development and review of their child's IHP

They should carry out the action they have agreed to as part of its implementation, e.g. provide medicines and equipment

They should ensure they or another nominated adult are contactable at all times

8. Local Authority

The Local Authority:

- has a duty to commission a school nurse service to this school
- should provide support, advice and guidance, including suitable training for school staff
- work with schools to support pupils to attend full time
- provide alternative arrangements for education if a child cannot attend school because of their health needs (*when it is clear that a child will be away from school for 15 or more days, whether consecutive or cumulative across the school year*)

9. Providers of Health Services, Clinical Commissioning Groups

All of these agencies should co-operate with schools that are supporting children with a medical condition (e.g. information, advice, training).

Staff training and support

- All members of staff providing support to a child with medical needs will have been trained beforehand so that they are competent and have confidence in their ability
- Only the trained staff will be able to give prescription medicines or undertake health care procedures
- It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions
- The type of training, and frequency of refresher training, will be determined by the child's medical condition and the staff's existing knowledge
- The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained.
- Parents can provide advice but they will not be the sole trainer
- Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- All staff will be made aware of children with an IHP and who the trained staff are

The Supporting Pupils with Medical Conditions Policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

The child's role in managing their own medical needs

- Children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her to do so, but follow the procedure agreed in the IHP.
- Parents will be informed so that alternative options can be considered.

Managing medicines on school premises

- If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child
- Any side effects of the medication to be administered will be noted and parents informed
- When no longer required, medicines will be returned to the parent to arrange for safe disposal

Please also refer to the ASPIRE Policy for the Administration of Medicines.

Emergency procedures

- A child's IHP will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and procedures
- It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed
- If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance
- Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital

Educational visits and sporting activities

- The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible
- The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children 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.

Liability and indemnity

Each Governing Body ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions, with administration of medication and any necessary health care procedures. Any requirement of the insurance company, e.g. training for staff, will be complied with.

Complaints

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they should make a formal complaint via the school's complaints procedure.

Other issues for consideration

- The school has a number of trained First Aiders amongst the staff. Where they have been trained in CPR, consideration may be given to the purchase of a defibrillator in the future.
- The school will consider having asthma inhalers for emergency use once the regulations are changed by the Department for Health.

Annex A**Flow Chart for developing Individual Healthcare Plans (IHPs) (from DfE Guidance)**

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.



Head of School and/or SENCO co-ordinates meeting to discuss child's medical support needs; and identifies members of school staff who will provide support to pupil



Meeting to discuss and agree on need of IHP to include key school staff, child (where appropriate), parent, a relevant healthcare professional and other medical/health clinicians as appropriate (or to consider written evidence provided by them).

NB A healthcare professional must attend.



Develop IHP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.



School staff training needs identified.
Resources, including accommodation requirements, are identified.



Healthcare professional commissions/delivers training and staff signed-off as competent.
Review date agreed.



IHP implemented and circulated to all relevant staff.



IHP reviewed annually or when condition changes.
Parent or healthcare professional to initiate.

Annex B

**ASPIRE Federation
Individual Healthcare Plan (IHP)**

School Site

Child's Details

Child's name

Date of birth

Year Group & class teacher

Child's address

Medical diagnosis or condition

Family Contact Information

Name

Relationship to child

Contact Phone numbers

1 :Name

Relationship to child

Contact Phone numbers

2: Name

Relationship to child

Contact Phone numbers

G.P.

Name

Address

Phone no.

Clinic/Hospital Contact

Clinic/Hospital address

Name of contact

Phone no.

School Key Personnel

Who is responsible for providing support in school?

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

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision (*a school medicine form will also need to be completed and signed*)

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parent and School Agreement

To the best of our knowledge the above information is correct. The staff, in agreement, will do their best to support and care for’s medical and emergency needs.

Parents signature: _____ Date: _____

School staff signature: _____ Date: _____

Head teacher’s signature: _____ Date: _____

Nurse’s signature: _____ Date: _____
(to confirm advice and training has been provided to school)