Supporting Pupils with Medical Needs Policy

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Governing Body Committee responsible for review:	**Children and Learning**
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1. Introduction

Section 100 of The Children and Families Act 2014 places a duty on the Governing Body to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their 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.

It is our policy to ensure that all medical information will be treated confidentially by the Executive Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

2. Key Roles and Responsibilities

Statutory Requirement: The Governing Body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body is responsible for:

- Making 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.
- Ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions**.**
- Ensuring 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.
- Ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

The Executive Headteacher is responsible for:

- Ensuring that the school's policy is developed and effectively implemented with partners.
- Ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all individual health care plans, including in contingency and emergency situations.
- The development of individual health care plans.

- Making sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Contacting 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.

Teachers and Support Staff are responsible for:

- Providing support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Taking into account the needs of pupils with medical conditions that they teach.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The School Link Nurse is responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school.
- Supporting staff on implementing a child's individual health care plan and providing advice and liaison**.**
- Liaising with lead clinicians locally on appropriate support for the child and associated training needs.
- Providing advice and support to the school in relation to children with a medical condition.

3. Local Arrangements

Statutory Requirement: The Governing Body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents and the child's previous school following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children Services Health and Safety Team.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

4. Individual Health Care Plans

Statutory Requirement: The Governing Body will ensure that the school's policy covers the role of individual health care plans, and who is responsible for their development in supporting children at school with medical conditions.

We recognise that Individual Health Care Plans are recommended in particular 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, health care professional and parent will agree based on evidence when a health care plan would be inappropriate or disproportionate.

Where children require an individual health care plan it will be the responsibility of Mrs Nicki Pagden at WJS and Mrs Heidi Hurst at WIS to work with parents and relevant health care professionals to write the plan. A health care plan (and its review) may be initiated in consultation with the parent, by a member of school staff or by a health care professional involved in providing care to the child. Mrs Pagden and Mrs Hurst will work in partnership with

the parents, and a relevant health care professional eg school, specialist or children community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in an Educational Health Care (EHC) plan, the individual health care plan will be linked to or become part of that EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual health care plan.

We will use the individual health care plan template produced by the DfE to record the plan. If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual health care plan identifies the support the child will need to reintegrate effectively.

Statutory Requirement: The Governing Body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

Once the school is aware that a child with a medical condition is joining them, and preferably before the child actually joins the school, the school will liaise with parents and the child's previous school to gather information to inform the individual health care plan. Individual health care plans will be created by the school and circulated to all relevant staff. In addition individual health care plans will be filed in the medical room. Health care plans will be reviewed each July or if the child's medical condition changes.

The school holds fortnightly 'Children Causing Concern' updates and medical details are included in this.

Statutory Requirement: When deciding what information should be recorded on individual health care plans, the Governing Body should consider the following:

- 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 eg 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, counseling 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 health care 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 Executive 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 child can participate, eg 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 health care plan prepared by their lead clinician that could be used to inform development of their individual health care plan.

5. Staff Training

Statutory Requirement: The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual health care plans)

All new staff will be inducted on the policy when they join the school through induction training. Records of this training will be stored in the staff health and safety checklist.

All nominated staff will be provided with awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually and/or following a review of the policy.

The 'Everyone needs to be aware' of document is updated by the Federation SENCO as required with any new needs and circulated to all staff on a termly basis.

Where required we will work with the relevant health care professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfill the requirements set out in the individual health care plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant health care professional delivering the training.

A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

6. The Child's Role

Statutory Requirement: The Governing Body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual health care plan. The health care plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant health care professionals/parent the appropriate level of supervision required and document this in their health care plan.

7. Managing Medicines on School Premises

Statutory Requirement: The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

The administration of medicines is the overall responsibility of the parents. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Executive Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is the Medication Tracking Form. (The Children Services Medication Tracking Form could be used for this purposes). The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.
On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We 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, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

At both Westfields Infant School and Westfields Junior School the children's inhalers are kept in a medical box in their classroom. A member of staff will assist any child to administer when required but if the child is able to independently use their own inhaler they are encouraged to do so. A record of use is recorded and signed by staff.

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a Federation we have agreed to purchase and keep an emergency inhaler at each school. This will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will keep liquid paracetamol (eg Calpol) in school to administer if a child is suffering with any discomfort or pain and the parent is unable to attend school in person. We will ONLY administer with parental consent on an individual basis. We will always notify parents of time and dosage. We will never administer aspirin or medicine containing ibuprofen to any child under 16 years old unless prescribed or recommended by a doctor.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Executive Headteacher. Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.
Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

8. Storage of Medication

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise. Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility. At WIS and WJS all medicines will be kept securely in the medical room.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

9. Disposal of Medication

It is the responsibility of the parents to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents. Parents will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through parents of children who require them who will remove them from site at regular intervals.

10. Medical Accommodation

The medical rooms will be used for all medical administration/treatment purposes.

11. Record Keeping

Statutory Requirement: The Governing Body should ensure that written records are kept of all medicines administered to children.

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent.

12. Emergency Procedures

Statutory Requirement: The Governing Body will ensure that the school's policy sets out what should happen in an emergency situation.

Emergency procedures will be recorded on the Contacting Emergency Services form.

Where a child has an individual health care plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

13. Day Trips and Off-Site Activities

Statutory Requirement: The Governing Body 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.

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

14. Other Issues

Salbutamol Asthma inhalers will be held by the school for emergency use wherever possible.

15. Unacceptable Practice

Statutory Requirement: The Governing Body will ensure that the school's policy is explicit about what practice is not acceptable.

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, 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, eg. 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

16. Liability and Indemnity

Statutory Requirement: The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parent's permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

17. Complaints

Statutory Requirement: The Governing Body will 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 children be dissatisfied with the support provided they can discuss their concerns directly with the Executive Headteacher. If for whatever reason this does not resolve the issue, they may make a formal compliant via the school's complaints procedure, which can be found on the schools' websites.