



Supporting Pupils at School with Medical Conditions Policy

Date adopted by Governing Body

Signed on behalf of the Governing Body

Name in block

Review Date.....

Aims

This policy sets out arrangements to support the guidance published by the DfE in December 2015 "Supporting pupils with Medical Conditions at school".

This policy is restricted to pupils with an ongoing medical problem. Minor, short term or one-off medical problems are covered by our in-house general prescribed medication care plan, non-prescribed day care plan and non-prescribed long term care plan consent forms.

The school will maintain a focus on each individual child with a medical condition and seeks to give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

The school will always aim to:-

- have a good understanding of how medical conditions impact on a child's ability to learn
- increase the child's confidence
- promote self-care

Whenever the school is notified that a pupil has a medical condition, the Care Advisor arranges to meet with the relevant people in order to complete one of the in-house care plans (described above), or an Individual Healthcare Plan

Individual Healthcare Plans

Individual Healthcare Plans "IHP" exist to document a child's medical needs and provision being made for those needs. They are a useful tool for the school to use to ensure that it meets the needs of the child. They are written with input from all the relevant parties including the school nurse, welfare assistant and parent. They may be written and overseen by the child's allocated welfare assistant if there is one.

IHPs will be developed with the child's best interests in mind and will ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

IHPs will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

The following Information may be recorded in IHPs:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues 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, 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 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 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 healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Child's role in managing own medical needs

Children may be competent to manage their own medical needs, or in part with supervision e.g insulin injections. However, in general this is usually only in the case of inhalers.

Children will be positively encouraged to take responsibility after discussion with parents and this will be reflected in IHPs- see above. Where a child is reluctant to take on this, where possible children will carry their own medicines or devices or be able to access them quickly.

No child will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed.

Managing medicines on school premises

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, eg for pain relief, should never be administered without first

checking maximum dosages and when the previous dose was taken. Parents should be informed.

- The school will 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 may be made available inside an insulin pen or a pump, rather than in its original container.
- Non-prescribed medicines are to be administered by parents at all times unless work commitments make this impractical during the school day.
- The administration of pain killers will only be undertaken on a daily basis. No *non-prescribed medicines will be stored in school. It is the parent's responsibility to collect all such medicine at the end of the day or consent for it to go home with the pupil.
- The school will only retain non-prescribed medicines in *exceptional circumstances. These cases will be reviewed by the Pastoral Care Team on a half termly basis.
- All medicines should be stored safely within class or in a lockable container in the First Aid room. 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 in class. Spare devices may be placed in storage. This is particularly important to consider when off school premises eg on school trips
- Appropriately trained 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. Any side effects of the medication to be administered at school must be relayed to staff prior to administration and recorded.
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom.
- When no longer required, all medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Record keeping

Written records must be kept of all medicines administered to children

Procedures for emergency situations

In the case of an evacuation, our Care Adviser will collect the appropriate medicines

Day trips visits and sporting activities

Where possible the school will offer flexibility and make reasonable adjustments so that pupils with medical conditions can take part.

The school will carry out risk assessments regarding the participation of pupils with medical needs.

The school may meet parents as part of preparing to meet the child's needs on a trip. Where possible the school will arrange adjustments to the programme, accommodation or food provision to meet a child's needs.

Unacceptable practice

As a school, we consider it unacceptable to:

- prevent children from easily accessing their inhalers and prescribed 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 medical toileting issues
- store medication longer than ½ term, without holding a care plan review

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

Policy Implementation

- The Head Teacher has overall responsibility for the implementation of this policy
- The school is committed to making sure that all relevant staff will be made aware of the child's condition through the Care Adviser
- Briefing for teachers new to the school as part of the induction process, where relevant
- The school will make sure risk assessments for school visits, holidays, and other school activities outside of the normal timetable include provision for pupils with medical conditions. Risk assessments for trips will be overseen by the SLT
- The school will monitor individual healthcare plans and adjust as required

The Roles of those involved in providing support for pupils with medical

conditions

Governing Bodies

- Must make arrangements to support pupils with medical needs, including making sure a policy is developed and implemented
- Must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- Ensure staff have access to information and other teaching materials

Head teachers

- Ensure policy is developed and adequately implemented with partners
- Make sure all staff are aware of the policy and understand their role in implementation
- Ensure all staff who need to know are aware of a particular child's medical condition
- Ensure sufficient staff are appropriately trained
- Overall responsibility for the development of Individual Healthcare Plans
- Make sure staff adequately insured and made aware of cover.
- Making sure school nurse is aware of pupils requiring support

Care Adviser

- Ensure all relevant staff are aware of children with medical conditions, and what specifically those conditions are
- Ensure there are designated areas within school, highlighting 'key' children and their needs (These areas are to be kept up-to-date, and include photographs of children, where relevant)

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

- The school will either have an employed nurse or 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.

- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other Healthcare Professionals

- Should notify school nurse of pupils requiring support.
- May provide advice on developing IHPs

Pupils

- Provide information about how their condition affects them.
- They should be fully involved in discussions and contribute to their IHP, where relevant.

Parents

- Provide school with sufficient up to date information
- Are involved in development and review of IHP
- Should carry out any action they agreed to as part of implementation of IHP

Local Authorities

- Are commissioners for school nurses as well as maintained schools.
- Have a duty to promote co-operation between relevant partners

Clinical Commissioning Groups

- Responsible for commissioning other healthcare professionals such as specialist nurses.
- They have to ensure that commissioning is responsive to children's needs and that health services can cooperate with schools

Ofsted

- The inspection framework places clear emphasis on meeting needs of disabled children and pupils with SEN. Inspectors are briefed to consider pupils with medical conditions alongside these groups and to report on how well their needs are being met.

Staff Training

The school has a responsibility to ensure staff are properly trained and any member of staff providing support to a pupil with medical needs will receive suitable training.

Staff must not give prescription medicines or undertake health care procedures without appropriate training.

- Staff will have easy access to this policy
 - Training and support will be provided based on need
 - How staff will be supported in carrying out their role in supporting pupils with medical conditions and how this will be reviewed. It is recommended that you have a mechanism for keeping training up to date as well as covering

the initial training.

- The Care Adviser is responsible for ensuring that sufficient staff are suitably trained
 - Training will be delivered by a number of professions, as appropriate, such as the Care Adviser, School Nurse, Healthcare Practitioner

Insurance

The Governing Body must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Complaints handling

Any complaint in relation to this policy or the school's implementation of it should be raised in accordance with the school's Complaints Policy.

Asthma Inhalers

- All pupils with a diagnosis of asthma will be issued an emergency inhaler consent form which details type, regularity, dosage and parental signature. Once completed this will be collated behind the pupil's General Care Plan to support the request to administer medicine.

Review Frequency

This policy will be reviewed every two years.