



Supporting Pupils with Medical Needs Policy

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Due for Review	December 2020

This policy is based on DfE Guidance:

DfE 'Supporting pupils at school with medical conditions' 2015

DfE 'Special educational needs and disability code of practice: 0-25 years' 2015

DfE 'Guidance on first aid for schools' 2000

Notification procedure

- 1.1. When the school is notified that a pupil has a medical condition that requires support in school, the school nurse informs the Head of School. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an Individual Healthcare Plan (IHP)
- 1.2. The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Head of School based on all available evidence (including medical evidence and consultation with parents/carers).
- 1.3. For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- 1.4. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

Staff Training & Support

- 1.1. Any staff member providing support to a pupil with medical conditions receives suitable training.
- 1.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 1.3. Training needs are assessed by the school nurse through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.

- 1.4. Through training, staff has the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understands the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 1.5. The school nurse confirms the proficiency of staff in performing medical procedures or providing medication.
- 1.6. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- 1.7. Whole-school awareness training is carried out where appropriate, and included in the induction of new staff members.
- 1.8. The school nurse identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- 1.9. Training is commissioned by the school business manager and provided by the following bodies:
 - ✓ Commercial training provider
 - ✓ The school nurse
 - ✓ Name of GP consultant
 - ✓ Parents/carers of pupils with medical conditions
- 1.10. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Self Management

- 1.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- 1.2. Where it is not possible for pupils to carry their own medicines or devices, they are held in the school office medical cabinet that can be accessed quickly and easily.
- 1.3. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.

Supply Teachers

- 1.1. Supply teachers are:
 - Provided with access to this policy.
 - Informed of all relevant medical conditions of pupils in the class they are providing cover for.
 - Covered under the school's insurance arrangements

Individual Healthcare Plans (IHPs)

- 1.2. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Head of School makes the final decision.
- 1.3. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.
- 1.4. IHPs include the following information:
 - ✓ The medical condition, along with its triggers, symptoms, signs and treatments.
 - ✓ The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
 - ✓ The support needed for the pupil's educational, social and emotional needs.
 - ✓ The level of support needed, including in emergencies.
 - ✓ Whether a child can self-manage their medication.
 - ✓ Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
 - ✓ Cover arrangements for when the named supporting staff member is unavailable.
 - ✓ Who needs to be made aware of the pupil's condition and the support required.
 - ✓ Arrangements for obtaining written permission from parents/carers and the Head of School for medicine to be administered by school staff or self-administered by the pupil.
 - ✓ Separate arrangements or procedures required during school trips and activities.
 - ✓ Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
 - ✓ What to do in an emergency, including contact details and contingency arrangements.
- 1.5. Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.
- 1.6. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.
- 1.7. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.
- 1.8. Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.
- 1.9. Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP.
- 1.10. Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

Managing Medicines

- 1.1. Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- 1.2. Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written consent – except where the medicine has been prescribed to the pupil without the parent/carer's knowledge. In such cases, the school encourages the pupil to involve their parents/carers, while respecting their right to confidentiality.
- 1.3. Non-prescription medicines may be administered in the following situations:
 - ✓ When it would be detrimental to the pupil's health not to do so
 - ✓ When instructed by a medical professional
- 1.4. No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- 1.5. Pain relief medicines are never administered without first checking when the previous dose was taken and the maximum dosage allowed.
- 1.6. Parents/carers are informed any time medication is administered that is not agreed in an IHP.
- 1.7. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- 1.8. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- 1.9. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 1.10. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- 1.11. The school holds asthma inhalers for emergency use. The inhalers are stored in the school office and their use is recorded.
- 1.12. Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 1.13. Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

Adrenaline Auto-Injectors (AAIs)

- 1.1. A Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.
- 1.2. Where a pupil has been prescribed an AAI, this will be written into their IHP.
- 1.3. For pupils who have prescribed AAI devices, these are stored in a suitably safe and central location: the school office.
- 1.4. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 1.5. In the event of anaphylaxis, a designated staff member will be contacted via a walkie talkie.
- 1.6. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
- 1.7. If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the pupil needs restraining.
- 1.8. The school will request from the school nurse, a spare AAI for use in the event of an emergency, which will be checked on a **monthly** basis to ensure that it remains in date and will be replaced when the expiry date approaches.
- 1.9. Any spare AAI will be stored in the medical cupboard, ensuring that it is protected from direct sunlight and extreme temperatures.
- 1.10. Any spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
- 1.11. Where a pupil's prescribed AAI cannot be administered correctly and without delay, a spare will be used if available.
- 1.12. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether (if available) administration of a spare AAI is appropriate.
- 1.13. Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 1.14. In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.
- 1.15. Where any AAIs are used, the following information will be recorded on the AAI Record:
 - ✓ Where and when the reaction took place
 - ✓ How much medication was given and by whom

- 1.16. For children under the age of six, a dose of 150 micrograms of adrenaline will be used.
- 1.17. For children aged 6-11 years, a dose of 300 micrograms of adrenaline will be used.
- 1.18. AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.
- 1.19. In the event of a school trip, staff will take with them on the trip, the school AAI's held for any pupils at risk of anaphylaxis and the school will give consideration to taking a spare AAI (if available) in case of an emergency.

Record Keeping

- 1.1. Written records are kept of all medicines administered to pupils.
- 1.2. Proper record keeping protects both staff and pupils, and provides evidence that agreed procedures have been followed.
- 1.3. Appropriate forms for record keeping can be found in the school office.

Emergency Procedures

- 1.1. Medical emergencies are dealt with under the school's emergency procedures.
- 1.2. Where an IHP is in place, it should detail:
 - ✓ What constitutes an emergency.
 - ✓ What to do in an emergency.
- 1.3. Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.
- 1.4. If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.
- 1.5. When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

Day Trips, Residential Visits and Sporting Activities

1. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
2. Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
3. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

Unacceptable Practice

1. The school will never:
 - Assume that pupils with the same condition require the same treatment.
 - Prevent pupils from easily accessing their inhalers and medication.

- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Complaints

2. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
3. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Policy.
4. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.
5. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Defibrillators

1. The primary school site has a 'Mediana HeartOn A15' automated external defibrillator (AED).
2. The AED is stored in the school office on the primary site.
3. All staff members are aware of the AED's location and what to do in an emergency.
4. A risk assessment regarding the storage and use of AEDs at the schools has been carried out.
5. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
6. The emergency services will always be called where an AED is used, or requires using.

7. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.
8. Office staff will monitor expiry dates of pads and re-order as required as well as checking battery levels.