

Woodthorpe J.I. School

Supporting Pupils with Medical Conditions

1. Aims

Pupils, at Woodthorpe J.I. School, with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.

Health and social care professionals, pupils and parents will be fully consulted to ensure that the needs of children with medical conditions are effectively supported.

2. Implementation

- Sufficient staff are suitably trained.
- All relevant staff will be made aware of the child's condition.
- In the case of staff absence or staff turnover we will ensure someone, appropriately trained, is always available to support each child with medical needs.
- Supply teachers will be briefed and information provided in the class supply teacher file.
- Risk assessments will be carried out for school visits, holidays, and other school activities outside of the normal timetable.
- Individual healthcare plans will be monitored. by the SENCO

3. Procedures

- 3.1. The Governing Body will ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- 3.2. Procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change and arrangements for any staff training or support.
- 3.3. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.
- 3.4. Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

4. The role of individual healthcare plans

4.1 Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases 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.

4.2. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view

4.3. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.

4.4. Individual health care plans (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 to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child.

4.5. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.

4.6. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

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

4.8 Individual health care plan should clearly define what constitutes an emergency and explain what to do including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately

5. SEN

Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

6. Review

The governing body will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

7. Roles and Responsibilities

7.1. **Governing bodies**—will make 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. They will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The Governing Body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure 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.

7.2. **Headteachers**—will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.

7.21. Headteachers will ensure that all staff who need to know are aware of the child's condition.

7.22. They will also ensure 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. This may involve recruiting a member of staff for this purpose.

7.23. Headteachers have overall responsibility for the development of individual healthcare plans.

7.24. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

7.25. They will contact 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.

7.3. **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.

7.31. 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.

7.32. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

7.33. 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.

7.4. **School nurses** –every school has access to school nursing services.

7.41. 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.

7.42. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.

7.43. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

7.5. **Pupils**–with medical conditions will often be best placed to provide information about how their condition affects them.

7.51. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

7.52. Other pupils will often be sensitive to the needs of those with medical conditions.

7.6. **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.

7.61. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.

7.62. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

8. **Training**

8.1. The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.

8.2. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual health care plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

8.3. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

9. The child's role in managing their own medical needs

- 9.1. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
- 9.2. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly.
- 9.3. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
- 9.4. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

10 Managing medicines on school premises

10.1. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

10.2. No child should be given prescription or non-prescription medicines without their parent's written consent –except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

10.3. Schools should set out the circumstances in which non - prescription medicines may be administered.

10.4. 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.

10.5. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

10.6. Schools should 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.

10.7. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

10.8. All medicines should be stored safely. 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 and not locked away. This is particularly important to consider when outside of school premises, eg on school trips.

10.8. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary.

10.9. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.

10.10. 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.

10.11. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

10.12. When no longer required, 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.

11 Record Keeping

Written records will be kept of all medicines administered to children.

12 Day trips, residential visits and sports events

12.1. We will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

12.2. Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

12.3. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits.

12.4. Risk assessment will include any steps needed to ensure that pupils with medical conditions are included.

12.5. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

12.6. Unless advocated/stated in a child's healthcare plan the following are deemed to be unacceptable:

- 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, 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 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.

Signed:

Dated: 25 September 2014

Review: September 2015 in the first instance and every three years thereafter

Related policies: Asthma and Administering Medication

Annex A: Model process for developing Individual Healthcare Plans (IHCPs)

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.

Headteacher or senior member of school staff, to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil.

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

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

School staff training needs identified.

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

IHCP implemented and circulated to all relevant staff.

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