

THUNDERSLEY PRIMARY SCHOOL

Supporting Pupils with Medical Needs Policy



Person Responsible	<i>Lorraine Armour (SENCo)</i>
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Related documents	<i>Supporting pupils at school with medical conditions (Department for Education 2015) SEND Code of Practice (2014) The School Accessibility Plan The Equality Act (2010)</i>
Other Paperwork Attached (appendix)	<i>Appendix 1: Health Care Plan for a Pupil with Medical Needs Appendix 2: Procedure to be followed when a school has notification that a child has a medical condition</i>
Other partners in this policy	<i>School Nurse</i>

Introduction

From 1 September 2014 the school is under a duty to make arrangements for supporting pupils with medical conditions. This policy sets out what those arrangements are. This policy follows the guidance published by the DfE in December 2015 'Supporting pupils at school with medical conditions'.

Definition of Pupils' Medical Needs

The term 'medical conditions' is not defined in the Act or the guidance but our interpretation is:

Short Term: affecting children's participation in school activities and for which they are on a course of medication

Long Term: potentially limiting children's access to education requiring extra care and support (deemed **Special Medical Needs**).

Aims

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

The school will always aim to:

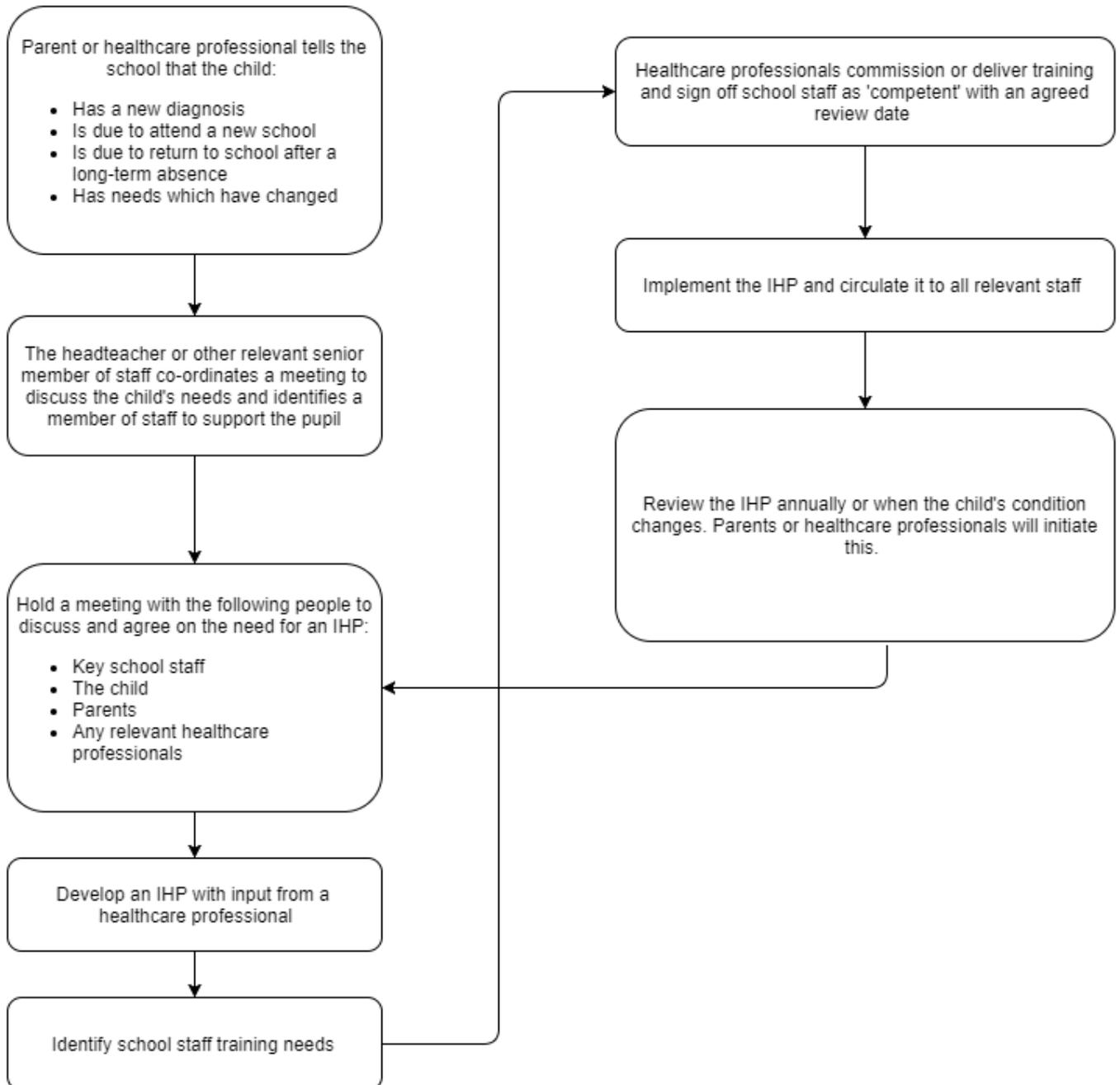
- Have a good understanding of how medical conditions impact on a child's ability to learn.
- Increase the child's confidence.
- Promote self-care.
- Ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Some children with medical conditions may be considered to be disabled under the Equality Act 2010. Where this is the case Governing Bodies must comply with their duties under that Act. Some may also have Special Educational Needs and Disability (SEND) and may have a statement, or Education Health and Care plan (EHCP). For pupils who have medical conditions that require EHCPs, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

Procedure to be followed when a school has notification that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an Individual Health Plan (IHP)

The school will make every effort to ensure that arrangements are put into place within two weeks, or by the beginning of the relevant term for pupils who are new to our school.



Individual Healthcare Plans (see Appendix 1)

Individual Healthcare Plans help to ensure that schools can effectively support pupils with medical conditions. An IHP will be drawn up in consultation with the parent/carer, pupil as appropriate, school staff and healthcare professional(s). It may identify training needs. They:-

- Safeguard all parties.
- Provide clarity about the condition and what needs to be done, when, by whom and steps to be taken by the school to help the child manage their condition and overcome any barriers in getting the most out of their education. There may also be a separate transport plan in some circumstances.
- Outline any emergency procedures needed.

Copies of IHPs will be kept in class by the class teacher and in the office for immediate information. It will be the parent/carer responsibility that they remain updated and in line with the most current needs, medication and support. However, school or other Healthcare Professional can request they be updated also. IHPs will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

IHPs will be developed with a 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.

The following information will be recorded on IHPs (see Appendix 1):

- 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;
- 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 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/carers 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, e.g. risk assessments;
- where confidentiality issues are raised by the parent/carer/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 IHP.

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/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the child or young person to involve their parents/carers while respecting their right to confidentiality.
- The circumstances in which the school will administer non-prescription medicines will be set out in the IHP or, where non-prescription medicines are not covered in the IHP, as laid down in the school's First Aid policy.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers 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.
- 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 off school premises e.g. on school trips.
- The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.
- 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. 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. Any side effects of the medication to be administered at school will be noted.
- 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.

Record keeping

Written records will be kept, of all medicines administered to a child. The administration of medication will be given only in the case of the following: -

- a) **As set out in an Individual Healthcare Plan (see below).**
- b) **When it would be detrimental to a child's health or school attendance not to do so.**

Medication will be given by a designated member of staff and witnessed by a second adult ensuring that the right amount of the right medication is given to the right child at the right time. Both members will sign the records which will show the pupil's name, date, dose, medicine and time.

Any reaction to medication will be documented and parents/carers informed as soon as possible.

If a child refuses medication, parents/carers will be informed as soon as possible.

Child's role in managing own medical needs

Children may be competent to manage their own medical needs and medicines.

Children will be positively encouraged to take responsibility after discussion with parents/carers and this will be reflected in IHPs - see above. Where a child is reluctant to take on this responsibility, the school will support the child to reach the level of responsibility agreed and documented in the IHP.

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.

Procedures for emergency situations (see also Emergency Procedures policy)

In the event of an emergency e.g fire:-,

- Any specific procedure in IHP will be followed.
- Medication will be taken with the child in their class or individual 'grab bag'.

Medication not covered on IHP

Children may require medication in the short term in order that they are able to continue to attend school regularly. Where possible, medication will be administered at home. However, if medication is required during the school day, then a parent/carer will be required to complete an Individual Health Plan with the school as soon as possible.

Prescribed medication should only be accepted if it is in date, in the original dispensed container with clear instructions for dose and storage. The administration of dose etc. must match that of the information given on the completed form. (The exception might be Insulin where it may be inside an insulin pen or pump when brought to school).

It is the parent/carer responsibility to collect and supply each day as necessary.

Asthma Inhalers (see also Asthma Policy)

Children requiring an inhaler for the relief of asthma, will, where appropriate be encouraged to self-administer according to given instructions. Children will be required to have two inhalers in school which will be accessible by being kept in the main School Office and in their classroom in the yellow 'grab bag'. The child will inform a member of staff that their inhaler is required and will be supervised in its administration. Children must have immediate access to their reliever inhalers when they need them. They must be available during PE, Sports and School trips. A list of children who require an inhaler will be kept in school. It is the parent/carer responsibility to ensure the inhaler is in date.

Epipens

Children who require an Epipen will have an IHP which will outline triggers, signs and symptoms and steps to be taken should a reaction occur. One Epipen will be kept in the yellow 'grab bag' in class and another centrally in the office, both pens with a copy of the IHP. All staff will receive yearly Epipen training.

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/carers 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

It will be unacceptable 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/carers; 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/carers, 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/carer 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, e.g. by requiring parents/carers to accompany the child.

Policy Implementation

- The Headteacher, Miss Dawson, 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 meetings and briefings.
- The school has arrangements in place in case of staff absence or staff turnover to ensure someone is always available.
- 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 Educational Visits Coordinator.
- The school will monitor Individual Healthcare Plans, through termly Structured Conversations where necessary and yearly reviews otherwise.

Roles and Responsibilities

The Governing Body must, as part of their Safeguarding duties ensure:-

- Arrangements to support pupils with medical needs, including making sure a policy is developed and implemented.
- That sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Staff have access to information and other teaching materials.
- There are induction arrangements for new staff.

The Headteacher must ensure: -

- The policy is developed and effectively implemented with partners.
- All staff are aware of the policy and understand their role in implementation.
- All staff who need to know are aware of a particular child's medical condition.
- Sufficient numbers of staff are trained and supported.
- That there are contingency and emergency plans in place.
- Pupils are not penalised for their attendance record if absence is related to their medical condition.

The SENCo must:-

- Update the Supporting Pupils with Medical Needs Policy.
- Know which children have medical conditions and which have additional needs due to their condition(s).
- Ensure necessary arrangements are made for intervention or access arrangements.
- Liaise with child, parents/carers and other professionals and specialists in order to understand and best support a child's medical needs and any associated needs resulting from this.
- With the assistance of the Office Staff, monitor individual Health Care Plans and ensure they are up-to-date.

School staff must:-

- Read and understand the Supporting Pupils with Medical Needs Policy.
- Know who the designated First Aiders are and follow Health and Safety procedures and guidelines.
- Know which children in the school community have medical conditions and Individual Health Care Plans and the procedures they need to follow.
- Ensure pupils with medical conditions are not excluded unnecessarily from activities in which it is safe to take part.
- Be aware of how any medical condition may affect learning and therefore support pupils appropriately.
- Liaise with the person responsible for medical conditions should concerns arise.
- Consider carefully their response to request to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- Ensure that when a child either self-medicates, or, a staff member medicates a child, this will be clearly recorded for the school information system and for the parents/carers.

Parents/Carers must:-

- Provide school with sufficient up to date information.
- Work in partnership with schools and other professionals to ensure actions identified on Individual Healthcare Plan (IHP)'s are carried out.
- Complete a request form for the school to administer medication, where necessary.
- Ask the Pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The name of the Pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought in by the parent/carer.
- Co-operate, where practical, in training children to self-administer medication and that members of staff will only be asked to be involved if there is no alternative.

The pupil themselves, where possible, must:-

- After discussion with parents/carers, be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within Individual Healthcare Plans.
- Be encouraged to provide information themselves on how their condition affects them and how they can best be supported.
- Inform staff if feeling unwell.

School nurses

- The school has 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 IHP 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.
- Can provide confirmation of the proficiency of staff in providing medication.

Other Healthcare Professionals

- Should notify School Nurse of pupils requiring support.
- May provide advice on developing IHPs.
- Can provide confirmation of the proficiency of staff in providing medication.

Local Authorities

- Are commissioners of School Nurses for maintained schools and academies.
- Have a duty to promote co-operation between relevant partners.
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

Clinical Commissioning Groups

- Responsible for commissioning other Healthcare Professionals such as Specialist Nurse.
- They have to ensure that commissioning is responsive to children's needs and that health services can cooperate with schools.

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
- Where possible and relevant, staff will be involved with the completion of risk assessments and will be clear on their role in their implementation.
- Training needs will be assessed both with professionals such as School Nursing, Physiotherapists and the staff themselves. Appropriate training will then be sought by the school or individuals within the medical team supporting the child and the training will then be undertaken. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.
- The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.
- Where required, whole staff training (e.g deaf awareness training, autism awareness) will be arranged in order for all staff to support a child in their daily lives at school,

including preventative and emergency measures. New staff will be included on a relevant induction programme.

- Staff training will be organised by a member of the Senior Leadership Team.

Insurance

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

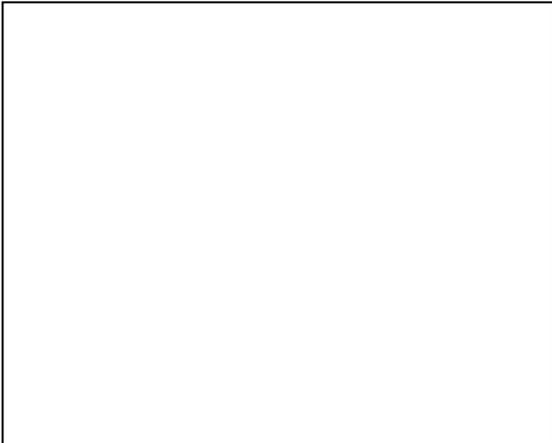
The school has adequate indemnity insurance.

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 usual Complaints policy. The ROBUS Multi Academy Trust complaints procedure can be found on the school website.

Appendix 1

Health Care Plan for a Pupil with Medical Needs

<u>PUPIL'S DETAILS</u>		PHOTO
Name:		
Address:		
Date of Birth:		
Name of School: Thundersley Primary School		
Class:		
Medical Condition:		
Date plan drawn up:		Review date:
<u>CONTACT INFORMATION</u>		
<u>Family Contact 1</u>	<u>Family Contact 2</u>	
Name:	Name:	
Phone No:	Phone No:	
(work):	(work):	
(home):	(home):	
(mobile):	(mobile):	
Relationship:	Relationship:	

MEDICAL CONDITION DETAILS

Describe medical condition and give details of pupil's individual symptoms

Daily care requirements (e.g. before sport/at lunchtime):

Describe what constitutes an emergency for the pupil and the action to be taken if this occurs:

Follow up care:

Who is responsible in an emergency (State if different on off-site activities)

Signed:

Community Paediatrician..... Date.....

Parent/carer..... Date.....

Head teacher Date.....

SENCo..... Date.....

Contacting the Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number

01268 793251

2. Give your location as follows

Thundersley Primary School, Hart Road, Thundersley, Benfleet

3. State that the post code is

SS7 3PT

4. Give exact location in the school/setting (insert brief description)

5. Give your name

6. Give name of child and a brief description of the child's symptoms

7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to...