



Supporting Pupils with Medical Conditions Policy 2019-2020

This policy should be read in conjunction with the Administering Medicines procedures and, if applicable, the SEND policy.

This policy is written in regard to section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. It has been reviewed in light of the Statutory guidance.

Teachers are not contractually obliged to give medication to or supervise a pupil taking it. It is, therefore, a voluntary activity. However, support staff may, as part of their contract, have specific duties to provide medical assistance to pupils. Prime responsibility for a pupil's health rests with the parents/guardians, who should write to the Head of School giving sufficient information on their child's medical needs, requesting that medication be administered to him or her.

Agreement should be reached between the parents and the school as to the latter's role in supporting the child's medical needs, in accordance with the school's policy. Staff should then be consulted by the Head of School and asked to volunteer. Individual decisions on involvement must be respected.

Aims

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

Procedure

The person named (SENCo) is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly
- training will be identified during the development or review of the Individual Healthcare Plan (IHP) and staff will be included in meetings where this is discussed. The relevant healthcare professional will lead on advising the most appropriate

training required.

- training will provide staff with an understanding of the specific medical condition they are being asked to deal with, their implications and preventative measures.
- this may also include whole school awareness training so that all staff are aware of the policy for supporting children with medical conditions.

Where children are joining Millbridge School at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record. The child's best interest should be kept in mind and ensure that school assesses and manages risk to the child's education, health and social well-being and minimizes disruption. The health care plan should be easily accessible to all who need it while preserving confidentiality and pupils should be involved whenever appropriate. Partners such as health professionals may take the lead in writing the plan but responsibility for ensuring it is finalized and implemented rests with the school.

Individual Healthcare Plans (IHP)

Individual Healthcare plans will be completed by parents/carers, collated by the school office and/or SENCo. The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- 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
- confidentiality issues
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEND but does not have an EHC plan, their special educational needs/disability should be mentioned in their individual healthcare plan

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child. Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. For those children with SEND, this policy should be read in conjunction with the Special Educational Needs and Disability Code of Practice under Part 3 of the Children and Families Act 2014.

The Governing Body - remains legally responsible and accountable for fulfilling its statutory duty.

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented. This may require flexibility such as part time schooling in combination with alternative provision, also reintegration back into school after a period of absence
- should ensure that the focus is on the needs of each individual child and how their condition impacts on their school life.
- should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. Children with medical conditions are entitled to a full education and this means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure that the policy clearly identifies the roles and responsibilities of those involved in the arrangements
- must ensure that school staff who provide support are able to access information and other teaching support materials.
- should ensure that the policy sets out how staff will be supported in carrying out their role to support children with medical conditions and when this will be reviewed. Training needs should be assessed and how and by whom the training will be commissioned and provided.
- the policy should be clear that any member of staff providing support to a pupil with medical needs should have received suitable training.
- should ensure that written records are kept of all medicines administered to children
- should ensure that the policy sets out what happens in an emergency situation - on IHP's, risk assessments
- should ensure that arrangements are clear and unambiguous about the need to actively support pupils with a medical condition to participate in school trips and visits and not prevent them from doing so.
- should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

The Head of School

- should ensure that the policy is developed and effectively implemented with partners
- all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are available to implement the policy and deliver IHP's including in contingency and emergency situations
- has overall responsibility for the development of IHP's
- should ensure that staff are appropriately insured and are aware that they are insured to support pupils in this way.
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to their attention

School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- must not give prescription medicines or undertake healthcare procedures without appropriate

training. In some cases written instructions from the parents or on the medicine container may be considered sufficient.

- if a child needs taking to hospital, staff should only do this when a parent cannot be contacted and stay with the child until the parent arrives, or accompany a child if taken by ambulance and should provide the correct information for navigation systems.
- should be aware of how a child's medical condition will impact on participation but there should be enough flexibility to participate according to their own abilities and with any reasonable adjustments.

Local (health) Team

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school and should do this wherever possible before a child starts school
- may support staff on implementing a child's IHP and provide advice and liaison, for example on training

Other healthcare professionals (including GP's and paediatricians)

- should notify the Local (health) team when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

Pupils

- wherever possible, pupils should be fully involved in discussions about their medical support needs and contribute to, and comply with their IHP
- other pupils will often be sensitive to the needs of others with medical conditions.
- pupils may be competent to manage their own health needs and medicines after discussions with parents and reflected in the IHP. They may require an appropriate level of supervision and wherever possible carry their own medicine or devices for self-medication quickly and easily.
- If a pupil refuses to take their medication or carry out the necessary procedure staff should not force them but follow the procedure agreed in the IHP. Parents should be informed so that alternative options can be considered.
- pupils to inform a teacher immediately if they think help is needed.

Parents

- should provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times.

Local Authorities

- have a duty to promote co-operation between relevant partners
- must make joint commissioning arrangements for education, health and care for children with SEN or disabilities
- should provide guidance, including suitable training for school staff to ensure that the support specified in IHP's can be delivered effectively.
- should work with schools to support pupils with medical conditions to attend full time.

There is also advice on the role of clinical commissioning groups and providers of health services. Ofsted – Inspectors must consider how well a school meets the needs of the full range of pupils and key judgements will be informed by progress and achievement of these children alongside those with SEND and also by their Social, Moral, Spiritual and Cultural (SMSC) development.

Notes

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without parental written consent, except in exceptional circumstances
- 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 should be informed.
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours – 3 doses a day rather than 4.
- Schools should only accept medicines that are in date, labelled and in the original container as dispensed by a pharmacist and include instructions for administration. The exception may be insulin which will be available in a pen or pump rather than in the original container.
- GP's no longer prescribe paracetamol – this can be given without a prescription for a 24 hour period only and where the parent has given consent by completing the short term healthcare plan. Parent/carers should be asked when the last dose of medication was given, if the child has had it before and whether there were any side effects.
- All medicines should be stored safely and children should know where they are at all times and be able to access them immediately. This is particularly important when outside of the school premises e.g. on school trips.
- When no longer required medicines should be returned to the parent for safe disposal.
- 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. School should otherwise keep the controlled drugs in a safe, secure place with only named staff having access. A record should be kept of any doses used and the amount the controlled drug held.
- School staff may administer a controlled drug for the child for whom it has been prescribed and following the instructions. Schools should keep a record of all medicines administered to individual children stating what and how much was administered. Any side effects of the medication to be administered at school should be noted in school.
- We keep a spare Ventolin Evohaler in school as a precautionary measure for children who suffer with asthma and have been prescribed an inhaler by their Doctor. The inhaler would only be offered to a child if it was needed and their inhaler was not able to be used. We need parental consent for a child to go on the emergency inhaler register. The inhaler will be stored securely in the school office and only be administered by a trained First Aider.

The following practice is considered not acceptable:

- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents; ignoring medical advice or opinion
- sending children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities (unless specified in IHP)
- if a child becomes ill sending them to the school office unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring

parents to accompany the child)

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement or failed to comply with any other legal obligation placed on it.

Other issues for consideration

- home to school transport – this is the responsibility of the Local Authority
- Schools are advised to consider purchasing a defibrillator and if so notify the local NHS ambulance service
- Staff members appointed as first aiders should already be trained in the use of CPR
- Asthma inhalers – schools may hold asthma inhalers for emergency use

Annex A: Model process for developing individual healthcare plans

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

