



Supporting Pupils with Medical Needs

| | |
|-----------------------------------|----------------|
| Date Policy approved and adopted: | |
| Date Due for review: | September 2021 |

CONTENTS

| | |
|---|----|
| Introduction..... | 3 |
| Key Roles and Responsibilities..... | 3 |
| Local Arrangements | 4 |
| Identifying children with health conditions | 4 |
| Individual health care plans | 4 |
| Staff training..... | 5 |
| The child’s role..... | 6 |
| Managing medicines on School Premises | 6 |
| Storage | 8 |
| Disposal | 9 |
| Medical Accommodation | 9 |
| Record Keeping..... | 9 |
| Emergency Procedures | 9 |
| Day trips/offsite activities | 9 |
| Other Issues..... | 10 |
| Unacceptable practice | 10 |
| Liability and Indemnity..... | 10 |
| Complaints..... | 11 |
| APPENDIX 1 | 12 |
| APPENDIX 2 | 13 |
| APPENDIX 3 | 14 |
| APPENDIX 4 | 15 |

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of This school to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils at School with Medical Conditions, December 2015' and we will have regard to this guidance when meeting this requirement. Given the extremely vulnerable nature of our students we will also have regard to the 'Statutory framework for the early years foundation stage 2017' in relation to administering and storing medication.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their 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.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

The requirement of the Equality Act 2010 will apply as will the SEN Code of practice as all students in our school have identified special needs and or disabilities.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles and Responsibilities

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body is responsible for:

Making 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 should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

Governing bodies should ensure that sufficient staff have received suitable training and are **competent** before they take on responsibility to support children with medical conditions. They should 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.

The Headteacher is responsible for:

Ensuring that the 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. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should 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.

Teachers and Support Staff are responsible for:

Providing 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.

The School Link Nurse is responsible for:

Notifying the school when a child has been identified as having a severe medical condition which will require support in school and writing the care plan. The School Nurse 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. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Local Arrangements

Identifying children with health conditions

Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school at any time during the school year by working in partnership with parents/ carers ask that parents and carers provide information about their child's medical condition via admission forms upon entry. Parents and carers are required to provide information about medical conditions every September and inform the school of any changes throughout the year.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual health care plans

Statutory Requirement: The Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.

We recognise that Individual Healthcare Plans are recommended in particular 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. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Children's Nursing Team to write it and send it to parents and carers for agreement. These healthcare plans will then be agreed by the Head Teacher.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' (see appendix 5) for identifying and agreeing the support a child needs and then developing the individual healthcare plan (see appendix 3).

We will use the individual healthcare plan template (see appendix 3) to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), then we will work with the Local Authority and the education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Statutory Requirement:

The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

At the beginning of each academic year in consultation with the School Nurse will review each Individual Health Care Plan. The School Nurse will be contacted by the school or vice versa should something change prompting a review.

Statutory Requirement:

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- 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 e.g. 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

Staff training

Statutory Requirement: The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

All new staff will be inducted on the policy when they join the school through as part of their induction process. Records of this training will be stored in their personnel file.

All nominated staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out and refreshed annually.

The awareness training will be provided to staff by CNT.

We will retain evidence that staff have been provided the relevant awareness training on the policy by staff signing signature sheets. Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confidence in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record – administration of medicines' form (see appendix 3) will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The child's role

Statutory Requirement: The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

Managing medicines on School Premises

Statutory Requirement: The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the healthcare assistant is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent(a 'parental agreement for setting to administer medicines' form (see appendix 3) will be used to record this),except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record **all** medicines received in and out of the premises will be put in place. The tracking system used is the tracking medication form (appendix 2). The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Emergency medicines will be stored in a safe location to ensure they are easily accessible in the case of an emergency. Due to the vulnerable nature of our students, some of which present significantly challenging behaviours we have risk assessed the safest way to store emergency medication

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia
- Buccal Midazolam for major seizures

Children who are able to use their own inhalers and epipens themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. This will be in class in a wall mounted safe controlled by a keypad over-night. All class staff will have access to the code. The code will also be stored in a central register held by the Premises Officer. Every morning the inhaler and or epipen's will be put in a bum bag with the care plan. The bum bag will be locked with a padlock; the code is known to all staff members. The bum bag will stay with the student either on their person, on their equipment or with an adult who stays with the child. This information is known to the staff team

Emergency controlled drug Buccal Midazolam will be securely stored in a non-portable container which only class teams, the HCA and School nurses have access to. We will ensure that the drugs are easily accessible in an emergency situation. This will be in class in a wall mounted safe controlled by a keypad over-night. A controlled drug book will be kept in the safe. All class staff will have access to the code. The code will also be stored in a central register held by the Premises Officer. Every morning the controlled drug will be put in a bum bag with the care plan and the MAR chart. The bum bag will be locked with a padlock; the code is known to all staff members. The bum bag will stay with the student either on their person, on their equipment or with an adult who stays with the child. This information is known to the staff team. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

Other controlled drugs and prescribed medication will be kept in a non-portable container in the medical room with a controlled drug book. A record (MAR chart) will be kept of any doses used and the amount of the

controlled drug or prescribed medication held in school. There may be instances where it is deemed appropriate for a child to administer their own medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on written request from the parent, which has been signed to ensure that the GP has confirmed that this will not interact with any prescribed medication. The medication will only be administered if they are in clearly identifiable packaging and only on a short term basis, no longer than one day following a weekend or two days otherwise. We would then advise the parent to take their child to their GP for further advice. (Where the school have concerns they will seek further guidance from their link School Nurse).

We will never administer aspirin to any child under 16 years old unless prescribed by a doctor.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premises. Named people have keys to this cabinet, Head teacher, Deputy head teachers, Healthcare assistants . There is also one stored by the premises officer.

Where medicines need to be refrigerated, they will be stored in the dedicated medical refrigerator located in the medical rooms at both sites. There must be restricted access to a refrigerator holding medicines. Only medicines may be stored in these fridges, no food may be stored in them and this includes any milk/dietary supplements given via enteral feeds.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips where they will be locked in individual class bags with care plans and MAR charts.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed. A responsible person will be in charge of looking after the locked storage box or bag.

Storage of staff medication

Practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice. Staff are required to sign a declaration stating that they have sought and adhered to medical advice regarding their medication and their ability to care for children.

Staff medication on the premises must be securely stored, and out of reach of children, at all times. All staff have signed a declaration to ensure that their medication is securely stored at all times. Visitors and contractors are also made aware of these requirements.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form (appendix 2).

Sharps boxes will be in place for the disposal of needles when needed. Collection and disposal of these will be arranged locally when needed.

Medical Accommodation

The Medical Room will be used for most medical administration/treatment purposes. In some cases, enteral feeds and or medication may be discreetly administered in class to minimise the impact on student learning, or if a student becomes very anxious visiting the medical room.

Record Keeping

Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children.

A record of what has been administered including how much, when and by whom, will be recorded on a 'MAR chart.

Emergency Procedures

Statutory Requirement: The Governing body will ensure that the school's policy sets out what should happen in an emergency situation.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

To request an ambulance-dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1.your telephone number

2.your name

3.your location as follows: Woodside Academy, Colyers Lane, Erith, Kent, DA8 3PB

4.provide the exact location of the patient within the school setting

5.provide the name of the child and a brief description of their symptoms

6.inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

7.keep a completed copy of this form by each telephone

Day trips/offsite activities

Statutory Requirement:

The Governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off-site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Care plans, medication and medication administration records will be taken on class trips. This will contain all necessary information to keep students safe and parents will provide written consent to this information accompanying their child on school trips. A named responsible adult will be in charge of these medical records for the duration of the trip.

Other Issues

The school are looking into purchasing emergency asthma inhalers and spacers. These would only be administered to students who have been diagnosed with asthma in the unlikely situation that their own inhaler is unavailable, has run out or will not work. Parents of students with asthma have signed consent forms for emergency asthma inhaler use.

Unacceptable practice

Statutory Requirement: The governing body will ensure that the school's policy is explicit about what practice is not acceptable.

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice 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; 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 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

Liability and Indemnity

Statutory Requirement: The governing body (The Trust) will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Staff at the school are indemnified under the Trust's insurance arrangements.

The Trust is insured and have extended this to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure

that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure

Complaints

Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

APPENDIX 1

Administration of Medicines Risk Assessment Guidance

The Supporting Pupils with Medical Needs document produced by the DfE and published in December 2015 for implementing into schools, includes the provision of administration of medicines to pupils.

The school Governors must ensure that a local policy on supporting pupils with medical needs is produced and implemented in the school. A risk assessment should be completed as part of the process to assist in identifying the specific hazards and control measure that need to be put in place to ensure medication is administered, managed and stored safely and effectively in schools by competent staff. The hazards and controls measures have been entered into the form however, schools must ensure that they complete the second box titled "Who Might be Harmed and How" by identifying who at the school may be harmed by the hazard, eg. children with medical needs and in same box you should be considering how they might be harmed, ie. what the risk is from the identified hazard and enter this information into the same box. You must then review the control measures that have already been entered in to the third box and enter into the box titled "Do you need to do anything else to manage the risk" any further measures that need to be implemented locally to ensure that the control measures are met and therefore the risk reduced to a manageable level. If anything else is identified locally to manage the risk the following boxes "Action by Whom", "Action by When" and "Done" must also be completed. The information should then be transferred onto the action plan at the end of the risk assessment form and used as a live document until all actions have been completed. An example has been entered in it's entirety to demonstrate how to completed the form correctly. If this process is followed for all the identified hazards correctly the level of risk should be reduced to lowest possible point. Once the risk assessment is complete and to ensure that is effective it should be shared with all relevant staff and reviewed periodically.

APPENDIX 3

DfE Templates - Supporting pupils with medical conditions December 2015

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Template A: individual healthcare plan

Template B: parental agreement for setting to administer medicine

Template C: record of medicine administered to an individual child

Template D: record of medicine administered to all children

Template E: staff training record – administration of medicines

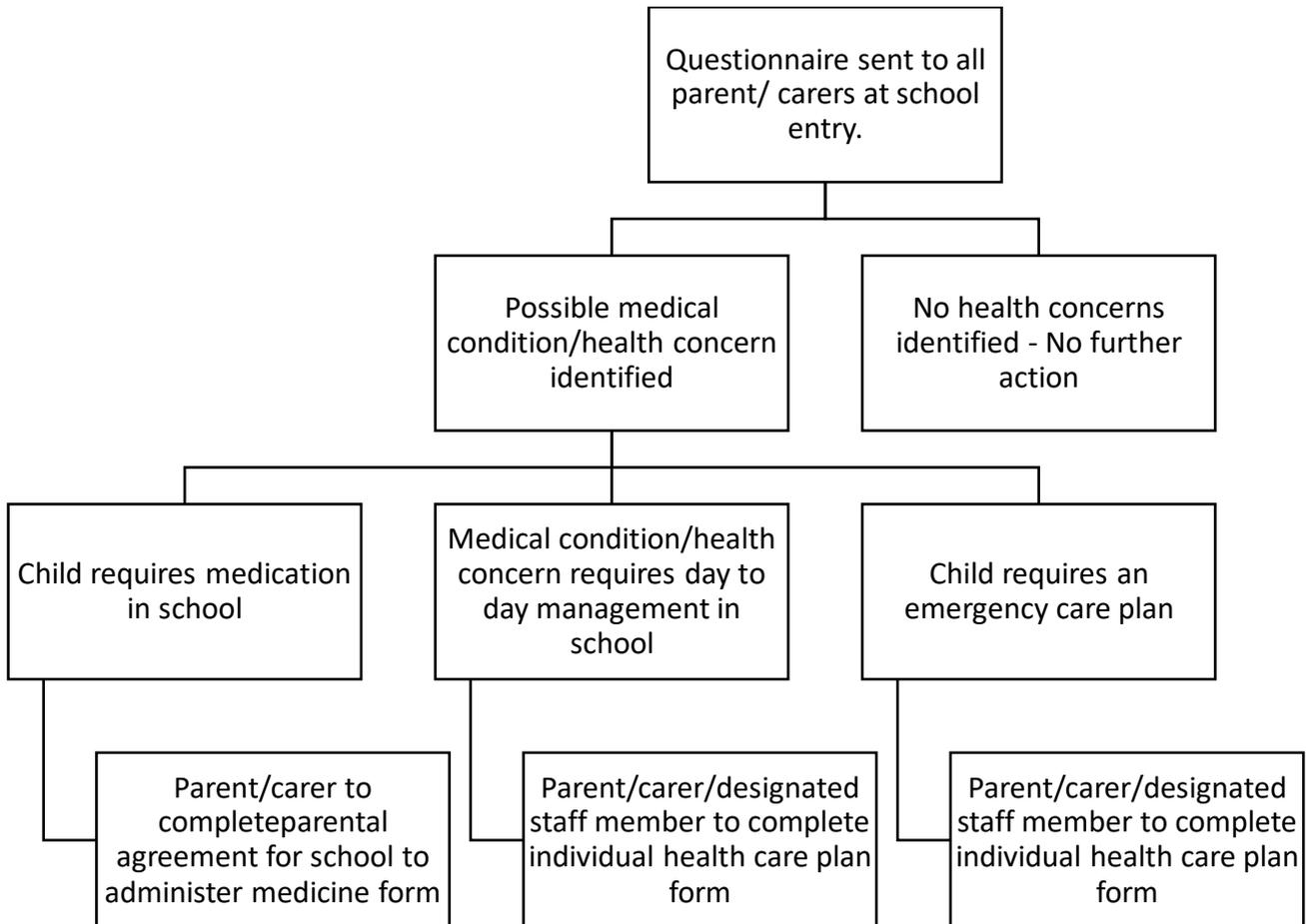
Template F: contacting emergency services

Template G: model letter inviting parents to contribute to individual healthcare plan development

APPENDIX 4

Suggested process for identifying children or young people with a medical condition that may require support in school

Not all children with a health condition will require a health care plan in school however the form will help schools to ascertain which children require support. In addition to this schools may be informed at any other point by a parent or health professional if a child is newly diagnosed with a health condition



Sample flowchart below from the Supporting pupils with medical conditions guidance

