




## Supporting Pupils with Medical Needs Policy (STATUTORY)

<b>Date of Policy Issue/Review</b>	Reviewed February 2024 by Headteacher
<b>Policy approved/date</b>	By FGB at their meeting on 26 <sup>th</sup> February 2024
<b>Signature of Governing Body</b>	<b>Signed on behalf of FGB</b> 
<b>Next review</b>	March 2025

## **1. Aims**

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- Disruption to learning is minimised and there is a continuity of education provision within the school curriculum
- Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

**The named persons with responsibility for implementing this policy are:**

- William Neighbour (Headteacher).
- Jackie Moore (School Business Manager)

## **2. Legislation and statutory responsibilities**

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

Some children with medical conditions may be considered to be disabled under the definition set out in 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 (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the 6 Special educational needs and disability (SEND) code of practice<sup>4</sup> The Special educational needs and disability code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

Sometimes children or young people become too unwell and are unable to attend school for a significant period of time. At these times, the LA can (in partnership with the school) make suitable arrangements for that child's continuing education that takes into account their age, aptitude, ability and SEN needs and their health condition.

### **3. Roles and Responsibilities**

#### **The governing board**

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions. The governing board will ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

#### **The Headteacher**

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

#### **The School Business Manager**

- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

#### **Staff**

- Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **Parents**

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

## **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

## **School nurses and other healthcare professionals**

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

## **4. Equal opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out (as well as being submitted onto Hampshire's online tool Evolve) so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

## **5. Being notified 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 IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

## **6. Individual healthcare plans**

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCO.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

## **7. Managing medicines on School Premises**

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 Head teacher 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.

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent (Consent Form for Administration of Medicine/Treatment)

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

The Consent Form for Administration of Medicines/Treatment will be used and kept in the 'medicines' folder in the admin office.

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.

As a school, we will only accept prescribed medicines that are:

- In date
- Labelled
- Provided in the original container as dispensed by the pharmacist and include instruction 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 pump, rather than its original container.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short-term basis.

We will never administer aspirin or medicine containing ibuprofen to any child under 16 years of age unless prescribed by a doctor.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils in the immediate vicinity and not locked away or stored in a remote location.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

## **Controlled drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

Controlled drugs will be securely stored in the School Safe, which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. These are kept in a medical box which is taken to the assembly point during an evacuation. A record will be kept of any doses administered and the amount of the controlled drug held in school.

## **Inhalers**

Inhalers are stored in classrooms within a marked medical box in a clearly labelled bag. The medical box will be kept with the class at all times, including outside activities and field trips. Children who are able to use their own inhalers themselves are encouraged to do so independently.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always seek permission from parents before administering pain relief where a Consent form has not already been completed.

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 Head teacher.

Emergency medicine i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures.

## **Salbutamol asthma inhalers for emergency use:**

From 1<sup>st</sup> October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to administer salbutamol inhalers for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

## **Pupils managing their own needs**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicine 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).

We will endeavour to ensure that children 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.

## **Storage**

Where medicines need to be refrigerated, they will be stored in the medical refrigerator, in the office and kept in a container clearly labelled with the pupil name and class.

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.

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.

## **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 medicine administration consent form or the administration of controlled medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of sharps will be by an appointed hazardous waste handling contractor.

## **Medical Accommodation**

The first aid area will be used for all medical administration/treatment purposes. The area is available when required.

Medical triage and treatment will also take place in an agreed location on the school playground when children are outside for morning break and at lunchtime.

## **Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **8. Emergency procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

## **9. Staff Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. For most staff this is a first aid at work qualification and paediatric first aid that will be renewed every three years. Additional training for supporting pupils with more complex conditions will be provided where necessary.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the School Business Manager. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.



All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

## **10. Record Keeping**

A record of what has been administered including how much, when and by whom, will be recorded on the 'Consent Form Administration of Medicines Form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parents/carers.

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

## **11. Liability and Indemnity**

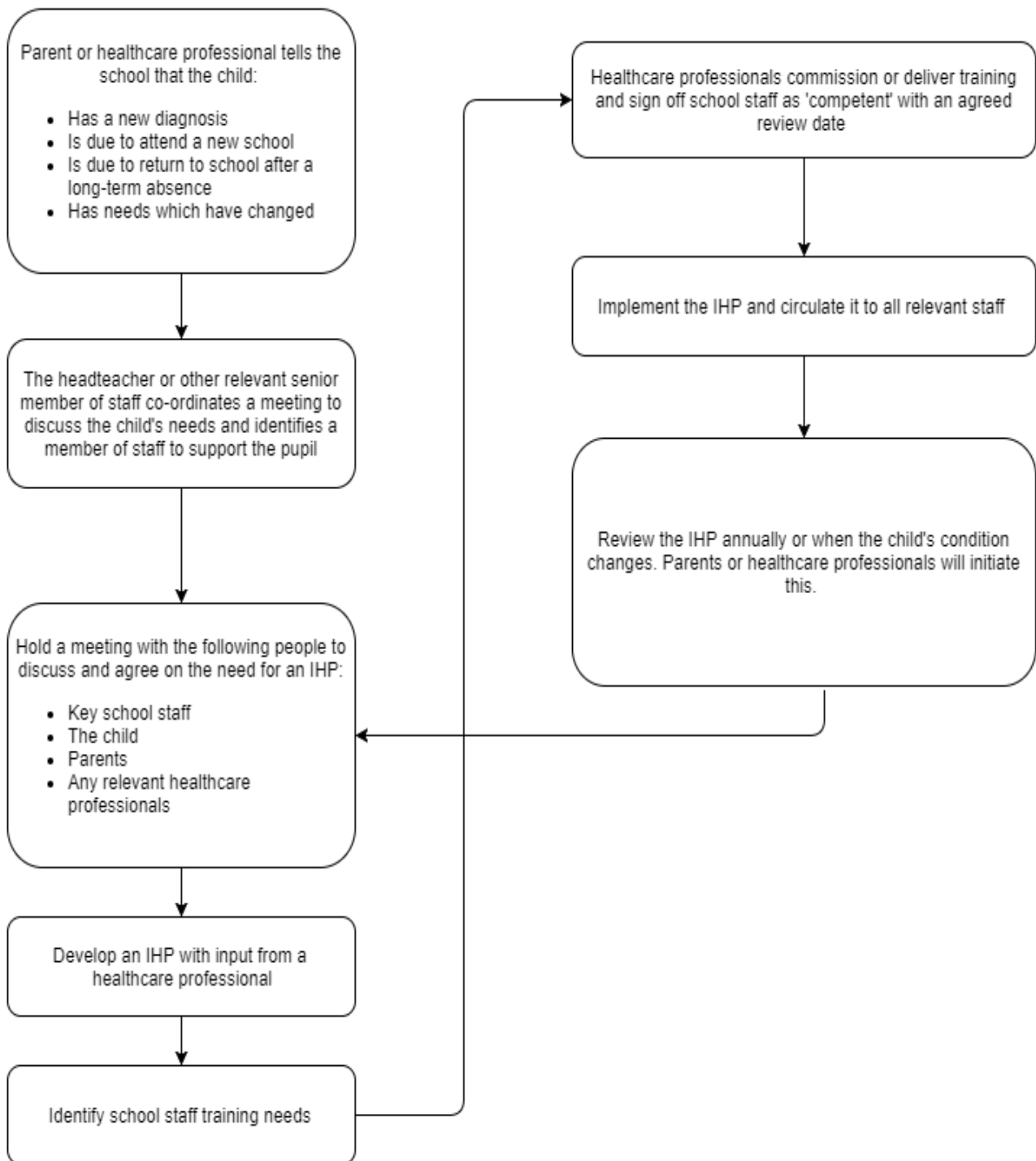
Staffs at the school are indemnified under the County Council self - insurance arrangements.

The County Council's is self-insured and have extended this self-insurance to identify school staffs 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.

## **12. Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

## Appendix 1: Being notified a child has a medical condition



## Appendix 2: Model process for developing individual healthcare plans

