

Horsley C. of E. (VA) Primary School

Supporting Pupils with Medical Needs

A Statutory Policy

Effective date From: 22nd March 2018

Signed, Headteacher Gary Price

Signed, Chair of Governors Mags Ratford

Date approved by Governing Body:22nd March 2018

Date of next review By: 22nd March 2019

**Supporting Children with Medical Needs**

**This policy is in line with DFE ‘supporting pupils at school with medical conditions’ December 2015**

**Introduction**

At Horsley Primary School our aim is to 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.

We recognise that children may require on-going support, medicines or care while at school to help them manage their condition and keep themselves well.

We receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils. We recognise the social and emotional implications associated with medical conditions and will support children and families to achieve the best outcomes possible.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Some may have special educational needs (SEN) and may have an Education, Health and care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision – please refer to SEND policy.

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. 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. However, in line with safeguarding duties, the governing body will ensure that pupils’ health is not put at unnecessary risk from, for example, infectious diseases. We therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The Head teacher, governors and staff of Horsley Primary school wish to ensure that children with medication needs receive appropriate care and support in order to take an active part in their school life.

This policy is readily accessible to parents and school staff through signposting to the school’s website and a copy in the staff room noticeboard.

**Roles and Responsibilities**

**The Governing Body**

* The Governing body will ensure that this policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
* The Governing body will ensure this policy is effectively monitored, evaluated and reviewed on a regular basis.
* The Governing body 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 Governing body will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. This includes ensuring staff have adequate training.
* The Governing body will ensure the health and safety of their employees and anyone else on the premises or taking part in school activities, including all pupils. This responsibility extends to those staff, children and others leading activities taking place off-site, such as visits, outings or field trips.
* The Governing body ensures appropriate level of insurance is in place and that it reflects the appropriate level of risk. The details of the school’s insurance arrangements which cover staff providing support to pupils with medical conditions should be accessible to staff providing such support.

**The Head Teacher**

* Ensures that the school’s medical policy is developed and effectively implemented with partners, and that school staff are aware of the policy and understand their role in its implementation. The named person with overall responsibility is Gary Price.
* The Head teacher retains overall responsibility for the development of health care plans. However, the day to day management of healthcare plans has been delegated to the school SENCo working in partnership with parents, healthcare professionals and where appropriate social care professionals.
* The head teacher will help parents feel confident that the school will provide effective support for their child’s medical condition and that the pupil feels safe.
* The Head teacher will liaise with the SENCo to ensure the school considers fully any professional advice relating to the medical condition, the educational impacts and any social and emotional implications associated are considered and that the effectiveness of any medical provision is monitored.
* This will help identify any further training/advice needed for staff supporting children with medical conditions. It will ensure sufficient trained numbers of staff are available to implement the policy and will adapt to any new situations to promote best outcomes for children.
* Any member of school staff may be asked to provide support for pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
* School staff undertaking medical duties will be receive sufficient training to undertake medical tasks and will achieve the necessary level of competency before they take on responsibility to support children with medical needs.
* Staff should not give prescription medicines or undertake healthcare procedures without appropriate training or parental permission.
* The Special Educational Needs Coordinator (SENCo) is responsible for arranging staff training and ensuring that all relevant staff are made aware of the child’s medical condition, including lunchtime staff and any cover staff.
* Where a child is returning to school following a period of hospital education or alternative provision school staff will work closely with parents and other partners to ensure a successful and smooth reintegration so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.
* A member of the School Nurse Team takes the lead in writing healthcare plans and will meet with parents and staff to devise and review them, providing training and advice where necessary. Specialist health care professionals may also provide advice on developing health care plans and support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).
* The head teacher will ensure that healthcare plans are reviewed annually.
* The head teacher will ensure that risk assessments are carried out for school trips, residential stays and other school activities.

**Pupils**

* Pupils are often best placed to provide information about how their condition affects them and should be fully involved in discussions as much as possible about their medical support needs.
* This will include encouraging children who are competent managing their own medicines and procedures as reflected in their health care plans.
* Pupils are encouraged to understand and support a friend with medical needs.

**Parents and carers**

* Parents at the school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out in the child’s reception year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.
* Parents should provide the school with the most up to date information about their child’s medical needs as required and at least annually (in September) as part of the annual data collection.
* Parents should work in partnership with the school and health care professionals to develop and review any individual health care plan – see Appendix 1 Individual Healthcare Plan.
* Parents should carry out any actions identified on their child’s health care plan and/or medical requirements e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.
* Parents should liaise with the school and health professionals in any assessment of whether there is an appropriate time for the child to take responsibility to manage their own medicines. In these instances staff will take on a supervisory role.
* Parents will need to adhere to the following school guidelines:
* Keep their children at home if acutely unwell or infectious for the recommended period of time
* Provide complete written and signed instructions for any prescribed medication, without this the school cannot administer them – see Appendix 2 Parental Agreement for Administering Medicine.
* Provide reasonable quantities of medication at a time (for example, a maximum of four weeks supply at any one time)
* Where the pupil travels on school transport with passenger assistants, parents should ensure they have written instructions relating to any medication sent with the pupil, including medication for administration during respite care.
* Renew any medication when supplies are running low and ensure that the medication supplied is within its expiry date and is taken home when out of date.
* Deliver each item of medication to the school office in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:
* Pupil Name
* Name of medication
* Dosage
* Frequency of administration
* Date of dispensing
* Storage requirements (if important)
* Expiry date
* Notify the school/ in writing if the pupil’s need for medication has ceased.
* Abide by the rule that the school cannot administer any medicines that have not been prescribed by a Doctor.

**Local Authority**

* The Local authority has a duty to commission school nurses and to promote cooperation between relevant partners with the view to improving the wellbeing of children.
* The Local authority provides advice, support and training to ensure that support specified within healthcare plans is delivered effectively.
* The Local authority has a duty to make arrangements when it is clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year) because of health needs.

**Advice on providers of health services:**

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children’s community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school

**Training**

* Whole staff awareness training regarding supporting children’s medical needs will be carried out at the beginning of each term.
* The school holds regular training on common medical conditions. All staff attending receive a certificate confirming the type of training they have had.
* All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school undertakes e.g. Auto Injection Device/Epipen training, diabetes training and any other training as needed to be matched to the individual child’s health care plan.
* The school keeps a register of staff who have had the relevant training and reviews every 12 months to ensure all new staff receive training.

**Procedures for managing medicines**

* Medicines should only be administered in 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 of school hours. Parents should request doctors to consider this limitation when prescribing medication.
* The child’s role in managing their own medical needs- where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. Staff will act in a supervisory role. The school sees this as an important step towards preparing pupils for the next stage of their education.
* A child under the age of 16 should never be given medicine containing aspirin unless prescribed by a doctor.
* All medicines must be prescribed by a Doctor and in the original container as dispensed by the pharmacist. They must be in date, labelled with the child’s name, instructions for administration, dosage and storage. The exception being insulin which still must be in date but will generally be available to schools inside an insulin pump or pen, rather than in the original container.
* For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with the written consent of the pupil’s parent. If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil’s parents to complete.  
  See Appendix 2 Parental Agreement for Administering Medicine

**Record keeping**

* The school will ensure that written records are kept of all medicines administered to children - see Appendix 3 Record of medicine administered to an individual child
* The school recognises that records offer protection to staff and children and provide evidence that agreed procedures have been followed.
* Parents will be informed if their child has been unwell at school.

**Non-prescription Medicines**

* Non-prescription medicines will be administered at the Head teacher’s discretion only. Again parents will be encouraged to ask for medicines that can be administered outside of school hours or come into school to administer these medicines. However the school is aware that no parent should have to give up working because the school is failing to support their child’s medical needs.

**Controlled Drugs**

* The supply, possession and administration of some drugs are controlled by the Misuse of Drugs Act 1971 and some may be prescribed as medicine for children.
* The school can look after a controlled drug where it is agreed that it will be administered to the child for whom it has been prescribed, but it must be kept in a locked non-portable container and only named staff should have access to it.
* A record will be kept and instructions will be followed. Any doses used and the amount of the controlled drug held will be recorded. Two members of staff will be present.
* Misuse of a controlled drug, such as passing it to another child for use, is an offence and the school will set up monitoring arrangements.
* Special care will be taken with off-site activities with regards to storage.

**Storage of medicines**

* The Governors recognise that it is their duty, as employers, to ensure that the risks to the health of others are properly controlled as set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
* It is the head teacher’s responsibility to ensure that all medicines are stored safely.
* Children and staff will know where their medicines are kept and must be able to access emergency medicines immediately e.g. inhalers, epipens i.e. not locked away.
* Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate.
* Healthcare plans, medicines and equipment will accompany children on all trips.
* Medicines no longer required or out of date will be returned to parents to arrange for safe disposal. If any medicines are not collected then the Appointed First Aider will take these to the local pharmacy for safe disposal.
* Sharps boxes are available for the safe disposal of needles. These can be obtained by parents on prescription from the child’s GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority’s environmental services if parents do not collect them.

**Refusing Medicines**

* If children refuse to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day.
* If a refusal to take medicines results in an emergency, the school’s emergency procedures will be followed.

**Unacceptable practice**

The school follows Department for Education guidelines which state schools must make explicit the following *unacceptable practices*:

* *Preventing children from accessing their medication*
* *Assuming every child with the same condition requires the same treatment*
* *Ignoring views of the child and parent (although this may be challenged)*
* *Sending children with medical conditions home frequently or preventing them from staying for normal school activities , unless this is specified in the health care plans*
* *If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable*
* *Penalising children for their attendance record if absences are related to their medical condition e.g. hospital appointments*
* *Preventing children from drinking, eating or taking toilet breaks whenever they need in order to manage their medical condition effectively*
* *Requiring parents to attend school to administer medication or to provide medical support to their child, including with toileting issues*
* *Preventing children from participating in any aspect of school life.*

**Procedure to be followed when notification is received that a pupil has a medical condition**

* When the school is notified that a pupil has a medical condition, the SENCo will meet with parents and healthcare professionals.
* Decisions will be made as quickly as possible regarding transition arrangements, staff training or support and these actions will be kept under review according to the needs of the individual child.
* The school will make every effort to ensure that arrangements are put in place within two weeks.

**Individual Healthcare Plans**

Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP).

* The parents, healthcare professional and the pupil with a medical condition, are asked to complete the pupil’s Healthcare Plan together and return to the school.
* Healthcare plans ensure that the focus remains on the individual child’s needs and consider how their medical condition impacts on their school life.
* The school will assess and manage risks to the child’s education, health and social wellbeing, and minimise disruption.
* Healthcare plans provide clarity of what actions need to be taken, when they need to be carried out by and whose responsibility these actions are.
* A copy of the healthcare plan is held with the class teacher and as needed a copy is given to lunchtime supervisors.
* A centralised register of pupils with medical needs will be kept and an identified member of staff has responsibility for the register at the school.
* All healthcare plans are reviewed at least annually or earlier if evidence is presented that the child’s needs have changed.

|  |
| --- |
| The **healthcare plan** (see Appendix 1) requires information about:   * medical condition, its triggers, signs, symptoms and treatments, * 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 (NB 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**,** * 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, * 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. |

**Emergency procedures**  
  
As part of the risk management processes, the school has arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. The Health & Safety policy sets out what should happen in an emergency situation.

* The school ensures all staff understand their duty of care to children and young people in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
* Emergency procedures and knowing what to do will be included in staff induction training to give staff the knowledge and confidence to deal appropriately and effectively with any emergencies.
* Action for staff to take in an emergency for serious conditions at this school  
  is displayed in prominent locations.
* The school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.
* All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils in their care with medical conditions.
* Training is refreshed for relevant staff on a regular basis.
* Horsley School follows the statutory requirements for first aid and provides suitably trained first aid staff – see Appendix D Health and Safety Policy - Medical & emergency arrangements.

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 i.e. 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 arrive, 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. The schools telephone number  
  2. Your name, role  
  3. The schools location: Horsley Primary School, The Street, Horsley, Stroud, GL6 0PY  
  4. Exact location of the patient  
  5. Name and age of the patient and description of the symptoms  
  6. Inform ambulance control of the best entrance to use and state that the crew will

be met and taken to the patient

**Emergency Asthma Inhalers and Auto-Injection Devices**

Since 2015 schools may hold asthma inhalers and since 2017 auto-injection devices/epipen for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we may agree to purchase and keep emergency inhalers, a spacer device and/or auto-injection devices.

These would only be used for those children who are already prescribed asthma inhalers and/or an auto-injection device and for whom we have written consent for us to administer.  
They will only be used in an emergency and at all times the school will seek to use the child’s prescribed inhaler or device wherever possible.

**Day trips, residential visits and sporting activities**  
  
The school actively supports pupils with medical conditions to participate in school trips and visits, or in sporting activities, and will not prevent them from doing so – to ensure they can access and enjoy the same opportunities at school as any other child.

**Off-site activities**

* In order to enable children with medical needs to participate fully and safely on school trips the school will consider what reasonable adjustments can be made.
* The school will, where appropriate, carry out risk assessments for these children to ensure that additional safety measures are in place e.g. inclusion of an appropriately trained member of staff for the trip.
* The leading teacher will be aware of any medical needs and relevant emergency procedures and it will be their responsibility to ensure any medication is taken on the trip.
* A copy of any Individual Health Care Plans should be taken on trips, in the event of any of the information being needed in an emergency.
* If the school is concerned about whether it can provide for a child’s safety or the safety of other children on a visit, then staff will seek parental views and medical advice from the School Nurse, Hospital Consultant or the child’s GP. There may be occasions where a parent will be asked to accompany a child on a trip/residential to ensure they are able to go. The school will be mindful, in these situations, of the child’s needs to be able to participate on an equal par with their peers and their emotional well-being.

**Clubs**

* It is the parents' responsibility to talk to external club providers to ensure they are aware of their child's specific needs.
* It is each club leader's (external and internal) responsibility to ensure that a trained member of staff will be on site and that member of staffknows they are the named person to deal with any medical problems during the club.

**Complaints Procedure**

* Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school by speaking to the teacher or headmaster.
* If for ever reason this does not resolve the issue a complaint should be made via the school’s complaint procedure. Please request a copy of this from the school office.
* 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.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

(Chair of Governors)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

(Headteacher)

MR/GP - Policy review – March 2018