

## Supporting pupils with medical needs

## Rownhams St John's CE Primary School

Date of review: April 2021

Reviewed by: Tim Woodford (Headteacher)

Approved by: Resources Committee

Next review due: April 2022

## **Contents**

1. Aims	4
2. Legislation and statutory responsibilities	4
3. Roles and responsibilities	4
3.1 The governing board	4
3.2 The headteacher	4
3.3 Staff	5
3.4 Parents	5
3.5 Pupils	5
3.6 School nurses and other healthcare professionals	5
4. Equal opportunities	6
5. Being notified that a child has a medical condition	6
6. Individual healthcare plans (IHP)	6
7. Managing medicines	7
7.1 Controlled drugs	8
7.2 Storage	8
7.3 Disposal	g
7.4 Pupils managing their own needs	g
7.5 Unacceptable practice	g
8. Emergency procedures	10
9. Training	10
10. Record keeping	11
11. Liability and indemnity	11
12. Complaints	11
13. Monitoring arrangements	11
14. Links to other policies	11
Appendix 1: Being notified a child has a medical condition	12
Appendix 2: Template for individual healthcare plan (IHP)	13
Appendix 3: parental agreement to administer medicine	15
Appendix 4: record of medicine administered to an individual child	16
Appendix 5: record of medicine administered to all children	18
Appendix 6: model letter for invite to IHP meeting	19

# Supporting pupils with medical needs 🕏

Rownhams St John's CE primary School

#### 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

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)
- ensuring all medical information will be treated confidentially by the headteacher and staff.
- ensuring that all administration of medicines is arranged and managed in accordance with the supporting pupils with medical needs document.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

All staff have a duty of care to follow and co-operate with the requirements of this policy. The named person with responsibility for implementing this policy is Tim Woodford, Headteacher.

## 2. Legislation and statutory responsibilities

This policy meets the requirements under <u>Section 100 of the Children and Families Act 2014</u>, 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 <u>supporting pupils with medical</u> <u>conditions at school</u>.

## 3. Roles and responsibilities

#### 3.1 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.

#### 3.2 The headteacher

The headteacher will:

- 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
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- 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

#### 3.3 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.

#### 3.4 Parents

Parents will:

- 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

#### 3.5 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.

#### 3.6 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 paediatricians, 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 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 - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

### 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 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.

A flow chart can be found in Appendix 1.

### 6. Individual healthcare plans (IHP)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. However, the design and implementation of an IHP may be delegated to a relevant member of the leadership team, the SENDCO, class teacher or admin team depending on the child and their needs.

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.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher, will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil'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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

The school's agreed template for an IHP can be found in Appendix 2.

## 7. 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 headteacher is responsible for ensuring children are supported with their medical needs whilst on site.

All 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 parent or carer's' written consent (using <u>Appendix 3: parental agreement for school to administer medicines form</u>).

#### At our school:

- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.
- The school will only accept prescribed medicines that are:
  - o In-date
  - Labelled
  - Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, 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.
- We will keep a record of all medicines administered to individual children, stating what, how and how
  much was administered, when and by whom (see <u>Appendix 4: record of medicine administered to an</u>
  individual child). Any side effects of the medication to be administered at school will be noted in school.

- All medication on the school site will be tracked using <u>Appendix 5: record of medicine administered to all children.</u>
- 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 administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis. The majority of medicines recommend no more than 3 days without seeking advice from a GP/Pharmacist. Where the school has concerns they will seek further guidance from their link School Nurse.
- 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.
- A model letter to invite parents to a consultation for an IHP can be found in Appendix 6.

#### 7.1 Controlled drugs

<u>Controlled drugs</u> are prescription medicines that are controlled under the <u>Misuse of Drugs Regulations 2001</u> and subsequent amendments, such as morphine or methadone.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. 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.

#### 7.2 Storage

At our school:

- All medicines will be stored safely.
- Pupils will be informed about where their medicines are at all times and be able to access them
  immediately.
- Emergency medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline will always be readily available to pupils, clearly marked with the child's name and **not locked away**.
  - o Types of emergency medicines include:
    - Injections of adrenaline for acute allergic reactions
    - Inhalers for asthmatics
    - Injections of Glucagon for diabetic hypoglycemia
    - Other emergency medication, e.g.. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section 7.2).
- Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in the First Aid
  room in a clearly labelled airtight container. There must be restricted access to a refrigerator holding
  medicines.
- All medication other than emergency medication will be stored safely in a locked cabinet.
- 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.

#### 7.3 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 parents/carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through Cannon Hygiene who will remove them from site on a supply and collect basis, as and when needed.

#### 7.4 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage then relevant staff should help to administer medicines and manage procedures for them. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

#### 7.5 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

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, for example by 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 or care plans 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. Our telephone number: 02380 736417

- 2. Your name
- 3. Our location school address is: Bakers Drove, Rownhams
- 4. State postcode: SO16 8AD please note that postcodes for satellite navigation systems may differ from the postal code
- 5. Provide the exact location of the patient within the school setting
- 6. Provide the name of the child and a brief description of their symptoms
- 7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

## 9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

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 headteacher. 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 have an understanding of 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

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, including **how much, when and by whom**. Parents will be informed if their pupil has been unwell at school, including any side effects of the medication.

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

## 11. Liability and indemnity

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

The County Council is self-insured and have extended this self-insurance 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.

## 12. Complaints

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.

## 13. Monitoring arrangements

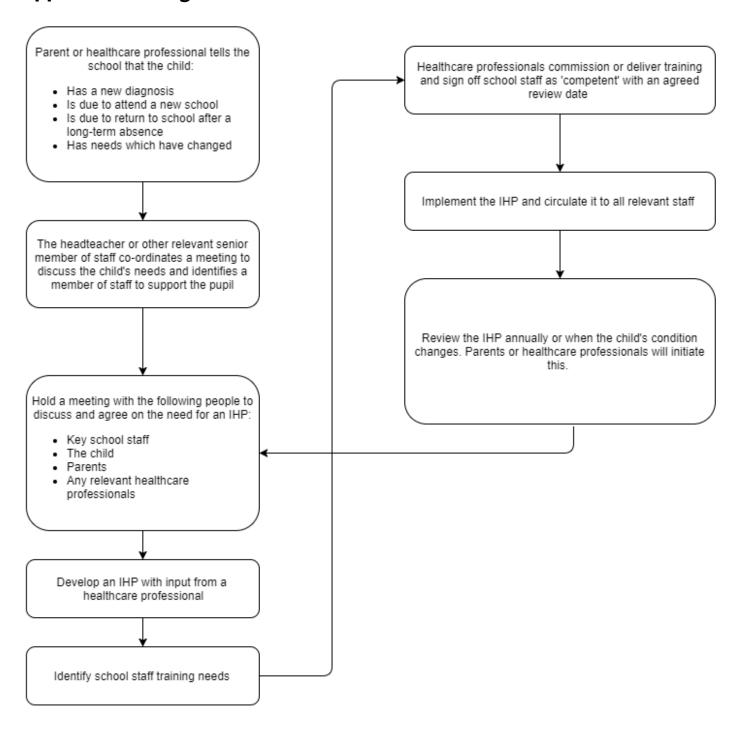
This policy will be reviewed and approved by the governing board annually

## 14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

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



## **Appendix 2: Template for individual healthcare plan (IHP)**

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	

Name	
Phone no.	
Who is responsible for providing support in school	
Describe medical needs and give details of o devices, environmental issues etc	child's symptoms, triggers, signs, treatments, facilities, equipment or
Name of medication, dose, method of adminatered by/self-administered with/wit	nistration, when to be taken, side effects, contra-indications, hout supervision
Daily care requirements	
Specific support for the pupil's educational,	social and emotional needs
Arrangements for school visits/trips etc	
Other information	
Describe what constitutes an emergency, an	nd the action to take if this occurs
Who is responsible in an emergency (state if	f different for off-site activities)
Plan developed with	
Staff training needed/undertaken – who, wh	nat, when

Form copied to:	
Appendix 3: <u>parental agree</u>	ement to administer medicine
The school will not give your child medici	ine unless you complete and sign this form.
Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Class	
Medical condition or illness	
Medicine	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original co	ontainer as dispensed by the pharmacy
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date

## Appendix 4: record of medicine administered to an individual child

Name of school					
Name of child					
Date medicine provided by	y parent	/	/		
Class / Year Group					
Quantity received					
Name and strength of med	dicine				
Expiry date		/	/		
Quantity returned					
Dose and frequency of me	dicine				
Staff signature					
Signature of parent					
Date	/		/	/	
Date Time given	/		/	/	
	/		/	/	
Time given	/		/	/	
Time given  Dose given	/		/	/	
Time given  Dose given  Name of member of staff	/		/	/	
Time given  Dose given  Name of member of staff	/		/	/	
Time given  Dose given  Name of member of staff  Staff initials	/		/	/	
Time given  Dose given  Name of member of staff  Staff initials  Date	/		/	/	
Time given  Dose given  Name of member of staff  Staff initials  Date  Time given	/		/	/	

## Appendix 4: Record of medicine administered to an individual child (Continued)

Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		
Date		
Time given		
Dose given		
Name of member of staff		
Staff initials		

## **Appendix 5:** <u>record of medicine administered to all children</u>

Name of school							
Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

# Appendix 6: model letter inviting parents to contribute to individual healthcare plan development

**Dear Parent or Carer** 

#### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you to contact me by email or to speak by phone if this would be helpful.

Yours sincerely