



# Supporting pupils at school with medical conditions policy



### **Supporting pupils at school with medical conditions**

The aims of the policy are, to ensure that the school works with health and social care professionals, pupils and parents/guardians to ensure that the needs of children with medical conditions (in terms of both physical and mental health) are properly understood and effectively supported, so that they have full access to education, including school trips and physical education and are able to both remain healthy and meet their academic potential.

This means that no child with a medical condition can be denied admission or prevented from taking up a place in a school because arrangements for their medical conditions have not been made.

The policy has been written using guidance from 'Supporting pupils at school with a medical condition December - 2015'

### **Implementation of the Policy**

The headteacher has overall responsibility for the implementation of this policy ensuring that

- Sufficient staff are suitably trained
- All relevant staff are aware of the child's condition
- Cover arrangements in case of staff absence or staff turnover, to ensure someone is always available to support the child
- Supply teachers are briefed
- Individual healthcare plans are developed and monitored

When the school is notified that an existing pupil or a child that is due to be admitted to the school has a medical condition, the school will work with the parents/guardians and other health care professional (if required) to develop a personal healthcare plan. For new pupils we aim to have the arrangements in place by the beginning of the new term. If it is a new diagnosis for an existing pupil or a mid-term transfer we aim to have the arrangements in place within two weeks. This may take longer if training needs to be provided by healthcare professionals.

## **Individual Healthcare Plans**

Individual Healthcare plans should include the following

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's 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 if likely to have an impact such as crowded corridors.
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, 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, the 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.
- Administration of Medicine form (Appendix1) to be signed by the parent/guardian giving permission for medication to be administered by school 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, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/guardian or the child, the designated individuals to be entrusted with information about the child's condition.
- 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.

## **Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend on working co-operatively with other agencies such as healthcare and social care professionals as well as the local authority, parents and pupils.

### **1. Parents/guardians**

Parents/guardians should provide the school with sufficient and up to date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.

Parents/guardians are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed

to as part of its implementation, e.g. provide medicines and equipment and ensure that they or another nominated adult are contactable at all times. Pupils can be involved in discussions if this is helpful.

## **2. School staff**

Any member of school staff may be asked to provide 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.

## **3. School nurses**

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They 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; 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. Other healthcare professionals**

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy)

## **5. The local authority**

Local authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

### **Staff training and support**

School staff will be given sufficient training, which should be up to date and given support to ensure they are competent and confident to deal with pupils' medical conditions. Sufficient members of staff will be trained ensure that we have cover at all times. Staff will need an understanding of the specific medical conditions that they are being asked to deal with, their implications and preventative measures.

### **Managing medicines on school premises**

- Medicines will only be accepted in school with a completed and signed Administration of Medicine Form (Appendix 1) which will detail the dose to be given and how often as well as expiry date, storage instructions and any other relevant information.
- Medicines should only be administered in school when it would be detrimental to a child's health or school attendance not to do so.
- No child should be given prescription or non-prescription medicines without their parents' written consent.
- A child under 16 should never be given any medicine containing aspirin unless prescribed by a doctor. Medication for pain relief should never be administered without first checking maximum dosages and checking via a telephone call to the parent/guardian when the previous dosage was given and informing them of the time the dose is / will be given at school. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Schools should only accept medicines if these are in-date (medicines will be regularly monitored to ensure the school only holds medicine that is in date), labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in date, but will generally be available to schools inside an insulin pen or a pump rather than in its original container. Any other exceptions to this will be detailed in the child's personal healthcare plan.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Lifesaving medication will be kept in the class medical box. Each classroom door will have a sign giving the location of the medical box in each classroom. There will be another sign at the medical box location. Lifesaving medication must never be locked away. All other medication (except controlled medication) will be kept locked in the cupboard on the left as you enter the school office.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. All medicine will be returned to parents/guardians at the end of the academic year. Sharps boxes should always be used for the disposal of needles and other sharps.
- Controlled drugs will be kept in the medicine safe above the key safe which can only be accessed by the office staff. In order to comply with the need to record both doses used and the amount of the controlled drug held in school, a new continuation form will be completed each time a parent/guardian brings in extra stocks of the controlled drug which will record the quantity handed in.

- Staff administering medicines should do so in accordance with the instructions on the Administration of Medicine form (Appendix 1). The office will keep a record of all medicines administered to individual children, stating what, how and how much was administered. Any side effects of the medicine should be noted in school.

### **Record Keeping**

Each time medication is given it will be recorded by the person giving the medication on the child's Administration of Medicine form (Appendix 1) which is filed in the Pupil Medical File which is kept in the cupboard on the left as you enter the school office. The date and dosage will be recorded and the member of staff administering the medication will also sign where required. If the medication is a controlled type, two members of staff will need to be present as two signatures will be required. Lifesaving medicine will be given in the classroom and recorded on an Administration of Medicine form (Appendix 1) which will be kept with the lifesaving medicine.

### **Lifesaving medication**

The lifesaving medication will be taken on all school trips and off site visits and the adult in charge of the class will ensure that the class medical box remains in the classroom in the designated place at all other times. The location of the medical box is identified on each classroom door and a further location marker is on display at the site of the medical box.

- **Epipens**

Where a child requires an epipen the school will require the parents/guardians to provide the school with two in date epipens.

- **Emergency Inhalers**

Emergency inhalers are kept in the cupboard on the left as you enter the school office. Every child who has an inhaler in school will be issued with a form to be signed by the parent giving permission for the emergency inhaler to be used if the pupil's inhaler is not available (for example if it is broken or empty). The signed permissions are available in each class medical box. An emergency inhaler will be taken on all school trips and off site visits.

The Data Officer (who is responsible for first aid) will check that the emergency inhalers are in date and in working order.

### **Emergency procedures**

Where a child has an individual healthcare plan, the plan should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, a member of staff should stay with the child until the parent/guardian arrives, or if necessary accompany the child to hospital in the ambulance

### **Day trips, residential visits and sporting activities**

As part of our general risk management a risk assessment will be carried out in respect of all off site visits.

Pupils with medical conditions will be actively supported to participate in school trips, visits and sporting activities. Teachers should be aware of how a child's medical condition will impact on their participation and make any reasonable adjustments unless a clinician, such as a GP states that this is not possible.

### **Unacceptable Practice**

It is not 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 for reasons associated with their medical condition, 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 unaccompanied or with someone unsuitable
- Penalise children 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 in order to manage their medical condition effectively
- Require parent/guardians 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 meet their child's medical needs; or
- Prevent children participating, or create unnecessary barriers to children participating in any aspect of school life, including trips, e.g. by requiring parents/guardians to accompany the child.

### **Liability and indemnity**

The Governing Body should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

### **Complaints**

If parents/guardians are not satisfied with the level of support provided for their child they should discuss their concerns directly with school staff. If this does not resolve the issue they may make a formal complaint via the schools complaints procedure.

### **Appendix to Supporting pupils at school with medical conditions policy**

Administration of medicine form – Appendix 1