

Hanging Heaton C of E (VC) J & I School

Medicine and Supporting Pupils at School with Medical Conditions Policy

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. They must also be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This is particularly important in our Church of England School and exemplifies our core values of courage, peace, truthfulness, respect, responsibility and friendship. This document should be read in conjunction with the Statutory Guidance, Supporting Pupils at school with medical conditions - December 2015.

Roles and Responsibilities

Governing Bodies

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

Headteachers

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy is given to Mrs J Potter, Headteacher. She will also be responsible for ensuring that sufficient staff are suitably trained, including whole school awareness training where appropriate and will ensure cover arrangements in case of staff absences or staff turnover to ensure

that someone is always available and on site. She will be also be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and for the provision and monitoring of individual healthcare plans. She will also make sure that the school is appropriately insured to cover their duties and bring to the attention of the school nurse any child with a medical condition that may require support at school.

School Staff

Teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and should supply the school with information.

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.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this policy. This policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our school website.

School Nurse

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, liaising with lead clinicians locally and provide advice and liaison, for example on training.

Other Healthcare Professionals

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 healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

Local Authorities/clinical commissioning groups (CCGs)

Local Authorities and clinical commissioning groups also have responsibilities in terms of supporting children with medical needs in schools. Local authorities are the commissioners of school nurses and have responsibility for joint commissioning, education health and care provision and support where due to a condition students are not able to attend school. CCGs also have responsibility for joint commissioning, education health and care provision, strengthening links between partners and for children with long term conditions and disabilities.

Parents

Will 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 are key partners and should be involved in the development and **regular** review of their child's individual healthcare plan or **asthma 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, **make sure medication is in plentiful supply and in date** and ensure they or another nominated adult are contactable at all times.

Pupils

Pupils will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs 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 SEND, this guidance should be read in conjunction with the SEN Policy and the School SEN Information Report which can be accessed on <http://www.hangingheaton.co.uk/send.html>

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At school, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, who we have regular access to, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication. Classroom staff will also take part in online training e.g. asthma awareness and diabetes care.

Procedures to be followed when Notification is received that a Pupil has a Medical Condition

We will ensure that the correct procedures will be followed whenever we are notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support. For children starting at school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks. Annual letters will be sent out to all children on the asthma register to ensure that current details and appropriate medication is up to date.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening.

We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will ensure that arrangements give Parents/Carers and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence

and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.

The school will ensure that arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. A suitable risk assessment should identify actions to be taken in the event of an emergency. The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for their medical condition have not been made.

However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. Following the discussions an Individual Health Care Plan will be put in place written by the relevant health care professional.

Where a child has an Individual Health Care Plan, this 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. Other pupils in class should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

Asthma Plan

Each child with diagnosed asthma should have an Asthma Card completed by their parent with emergency contact details on and details of what treatment should be given. This document will be reviewed annually and updated on receipt of any new medication.

Individual Health Care Plans

Individual Health Care Plans will be generally written and reviewed by the health care professional and/or parent. School will check to ensure that all the relevant advice is contained within the plan and that advice is clear. It is the responsibility of all members

of staff supporting the individual children to ensure that the plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that the school effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix 1.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan. Appendix 2 shows a template for the Individual Health Care Plan and the information needed to be included.

Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

The school will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

Appendix 2 provides a suggested template for the Individual Health Care Plan but it is a necessity that each one includes:

- 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/noisy conditions, 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 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, 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/Carers for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the Parents/Carers or 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 Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the school's responsibility to write or review and may be in a different format.

The Child's Role in managing their own Medical Needs

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans/**Asthma Plan**.

Wherever possible, children should be allowed **and encouraged** to carry their own medicines and relevant devices or should be able to access their medicines for self-

medication quickly and easily; these will be stored in the locked cupboard in the staff kitchen to ensure that the safeguarding of other children is not compromised.

The only exception to this is in the storage of Asthma inhalers, which will be kept either in teacher's classroom store cupboards clearly labelled (Key Stage 1) or in a central place clearly visible in the classroom near the teacher's desk in Key Stage 2. All staff and pupils will be made aware of their location in cases of emergency. Key Stage 2 children will be expected to take responsibility for their own inhaler at playtimes, lunchtimes, PE swimming and visits out of school. Specific documentation relating to Asthma Plans can be found in Appendix 3 and is compiled and reviewed at least annually for all known Asthma sufferers. The school does also recognise that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them. Any use of inhalers should be logged on class or lunchtime record forms and a note sent out to parents. If of course symptoms do not improve contact with Parents/Carers and emergency services should be made.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, immediately, so that alternative options can be considered.

Managing Medicines

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the School when it would be detrimental to a child's health or school attendance not to do so. Authority to administer short term medication should be obtained via completion of a short version of the healthcare plan, which can be found in Appendix 4.
- No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- We will not administer non-prescription medicines to a child, if a Parent/Carer wishes a child to have the non-prescription medicine administered during the school day, they will need to come to the School to administer it to their child.
- The School will only accept prescribed medicines that are 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 still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely in the staff kitchen. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.

- Medicines and devices such as asthma inhalers and adrenaline pens should be always readily available to children and not locked away; these will be stored in the classroom cupboards where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the School at all times and out of school on trips, etc. Blood glucose testing meters can be found in the staff kitchen and are accessible by all staff and pupils concerned.
- During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom, see Appendix 5. Any side effects of the medication to be administered at the School should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- Controlled drugs may be administered to a child for whom it has been prescribed according to the prescriber's instructions. Once again a log should be kept to indicate doses administered and any side effects observed.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every child with the same condition requires the same treatment
- ignore the views of the child or their Parents/Carers; or ignore medical evidence or opinion, (although this may be challenged)
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office 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 to in order to manage their medical condition effectively

- require Parents/Carers, or otherwise make them feel obliged, to attend the School to administer medication or provide medical support to their child, including with toileting issues. No Parent/Carer should have to give up working because the School is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of School life, including school trips, e.g. by requiring Parents/Carers to accompany the child.

Complaints

Should Parents/Carers 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 complaints procedure outlined in the School's Compliments and Complaints Policy. Making a formal complaint to the DFE should only result if it fits within the scope of section 496/497 of Education Act 1996 and after all other avenues have been exhausted.

Date of Policy: September 2018

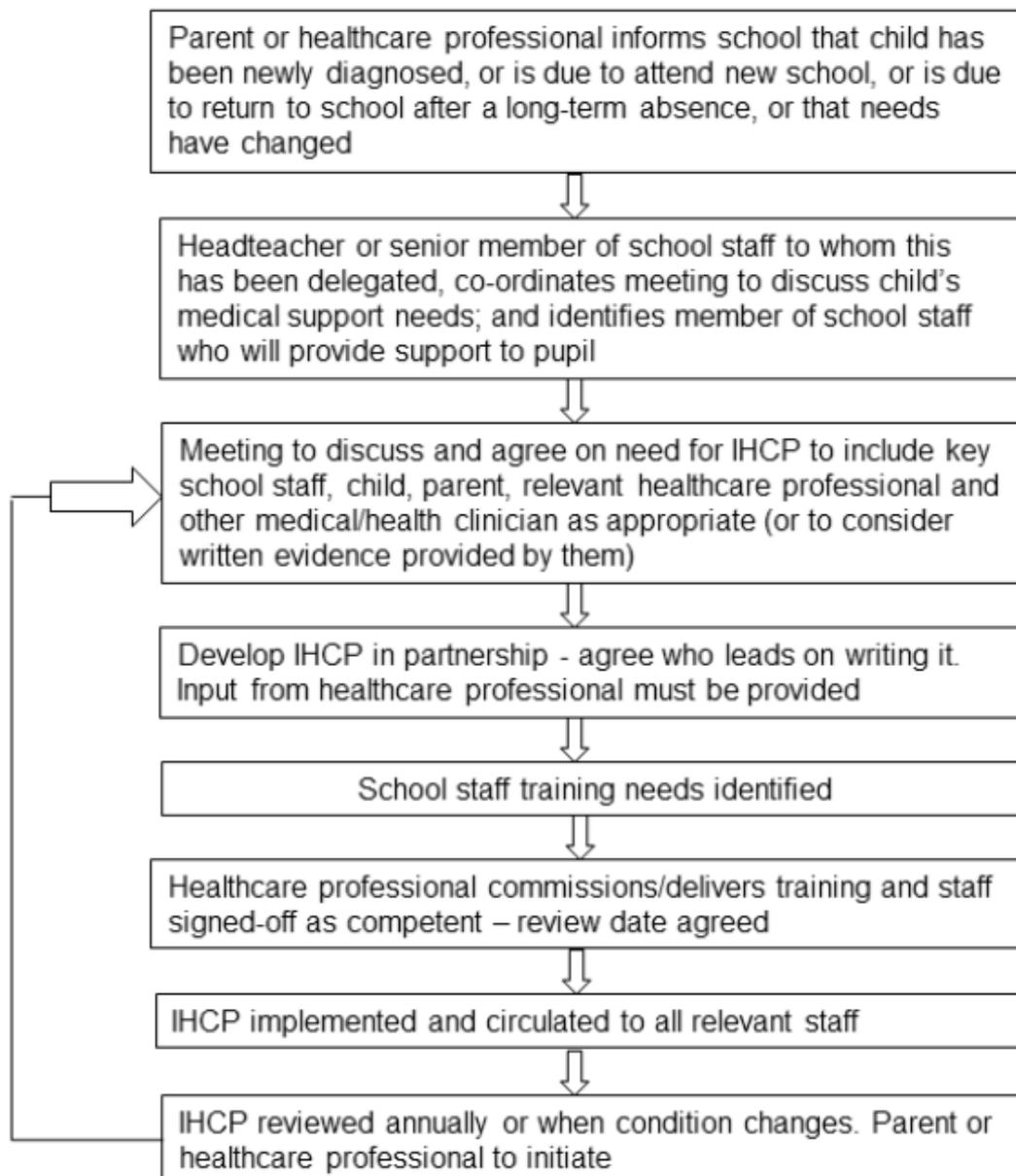
Review Date September 2019

Senior Member of Staff Responsible Mrs J Potter

Designated Member of Staff Mrs S Brooke-Mawson

Governor responsible Mrs E Exley

Model Process for Developing Individual Health Care Plans



HANGING HEATON CE(VC) JUNIOR AND INFANT SCHOOL Appendix 2
Healthcare Plan

Name of School/Setting	
Child's name	
Group/Class/Form	
Date of Birth	
Child's Address	
Medical Diagnosis or Condition	
Date	
Review date	

CONTACT INFORMATION

Family contact 1

Family contact 2

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	
Clinic/Hospital contact		GP	
Name		Name	
Phone No.		Phone No.	

Describe medical needs and give details of child's symptoms

Daily care requirements: (e.g. before sport/at lunchtime, where medicines are kept, ability of child to self-administer)

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Follow up care, (e.g. including member of trained staff included in care, or action to be taken following periods of long absences):

Who is responsible in an Emergency: (State if different for off-site activities)

Any other relevant information, e.g. school trips, who needs to be aware of condition, confidentiality requirements, :

Form copied to:

I understand that I must deliver the medicine personally to (agreed member of staff) and give authority for my child to be administered with this medication/allow my child to self-administer (delete as applicable).

Date: _____

Signature: _____

Relationship to pupil: _____

**HANGING HEATON CE(VC) JUNIOR AND INFANT SCHOOL
MEDICATION PLAN**

Appendix 4

Could you please complete this form and return it to school as soon as possible.

DETAILS OF PUPIL

Surname: _____

Forename(s): _____

M/F:

Address: _____

Date of Birth:

Class:

MEDICATION

Name/Type of Medication
(as described on the container) _____

For how long will your child take this medication: _____

Date dispensed: _____

Full directions for use:

Dosage and method: _____

Timing: _____

Special Precautions: _____

Side Effects: _____

Self Administration: _____

Procedures to take in Emergency: _____

Details of Medication taken at home: _____

CONFIRM CONTACT DETAILS

Name: _____ Daytime Telephone No _____

Relationship to Pupil _____

Address: _____

If Applicable

I understand that I must deliver the medicine personally to Mrs Potter or Mrs Brooke-Mawson and give my permission for this medication to be administered.

Date: _____

Signature: _____

Relationship to pupil: _____