



new wave
education



High

Aspirations



High Standards



High Achievement



*Supporting Pupils at School
with Medical Conditions*

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Introduction

The following documentation is co-ordinated by the Head of School in full consultation with the teaching and support staff and Governing Body of the New Wave Federation. It should be read alongside the Hackney guidance on 'Managing Medicines in School, (August, 2012) and the DFE guidance 'Supporting Pupil at School with Medical Conditions' (April 2014).

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 in the Federation 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. However, 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 schools with information.

Policy Implementation

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 the Executive Headteacher they will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

The Heads of School will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

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.

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).

Roles and Responsibilities

The Local Authority (LA) is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.
- Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans can be delivered effectively.

The Governing Body is responsible for:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of the Federation.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the Federation's Complaints Policy.

- *Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.*
- *Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.*
- *Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.*
- *Keeping written records of any and all medicines administered to individual pupils and across the school population.*
- *Ensuring the level of insurance in place reflects the level of risk.*

The Executive Headteacher/Head of School is responsible for:

- *The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of the Federation.*
- *Ensuring the policy is developed effectively with partner agencies.*
- *Making staff aware of this policy.*
- *Liaising with healthcare professionals regarding the training required for staff.*
- *Making staff who need to know aware of a child's medical condition.*
- *Developing Individual Healthcare Plans (IHCPs).*
- *Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.*
- *If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.*
- *Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.*
- *Contacting the school nursing service in the case of any child who has a medical condition.*

Staff members are responsible for:

- *Taking appropriate steps to support children with medical conditions.*
- *Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.*
- *Administering medication, if they have agreed to undertake that responsibility.*
- *Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.*
- *Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help*

School nurses are responsible for:

- *Notifying the school when a child has been identified with requiring support in school due to a medical condition.*
- *Liaising locally with lead clinicians on appropriate support.*

Parents and carers are responsible for:

- *Keeping the school informed about any changes to their child/children's health.*
- *Completing a parental agreement for school to administer medicine form before bringing medication into school.*
- *Providing the school with the medication their child requires and keeping it up to date.*
- *Collecting any leftover medicine at the end of the course or year.*
- *Discussing medications with their child/children prior to requesting that a staff member administers the medication.*
- *Notifying the school if their child's medication changes or is discontinued, or the dose or administration method changes.*

- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.

The Role of All Staff in the Federation

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 SEN, this guidance should be read in conjunction with the SEN Code of Practice and the Federation SEN Information Report.

If a child is deemed to have a long-term medical condition, the schools 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 Federation 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). In the Federation, 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.

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 in the Federation, 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 into the Federation mid-term, we will make every effort to ensure that arrangements are put in place within two weeks. In making the arrangements, the Federation 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 Federation will ensure that arrangements give Parents/Carers and pupils confidence in the Federation'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 Federation 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.

The Federation 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 Federation will make sure that no child with a medical condition is denied admission or

prevented from attending the Federation 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.

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by Inclusion Leaders with support from the School Nurse but it will be 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 schools effectively support 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.

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 Lead Professional (usually the SENCO) 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 individual schools.

The individual schools 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 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.*

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 Federation will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within Individual Health Care Plans.

Wherever possible, children should be allowed 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 cupboard in the Medical Room to ensure that the safeguarding of other children is not compromised.

The Federation 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. 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, outside of the review, so that alternative options can be considered.

Managing Medicines on the School Sites

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

- *Medicines should only be administered at the Schools when it would be detrimental to a child's health or school attendance not to do so.*
- *No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent. (Appendix 3)*
- *The Schools 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 Medical Room in the ORANGE medipacks; unless the child is able to administer the medication (like asthma pumps) themselves and they will carry them with them.*
- *Children should know where their medicines are at all times and be able to access them immediately.*
- *Medicines and devices such as asthma inhalers, blood glucose testing meters 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 schools at all times.*
- *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 Schools will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the schools should be noted. Appendix 4 outlines these procedures. 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.*

Unacceptable Practice

Although Federation 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 or medical room 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 Schools to administer medication or provide medical support to their child.*

Complaints

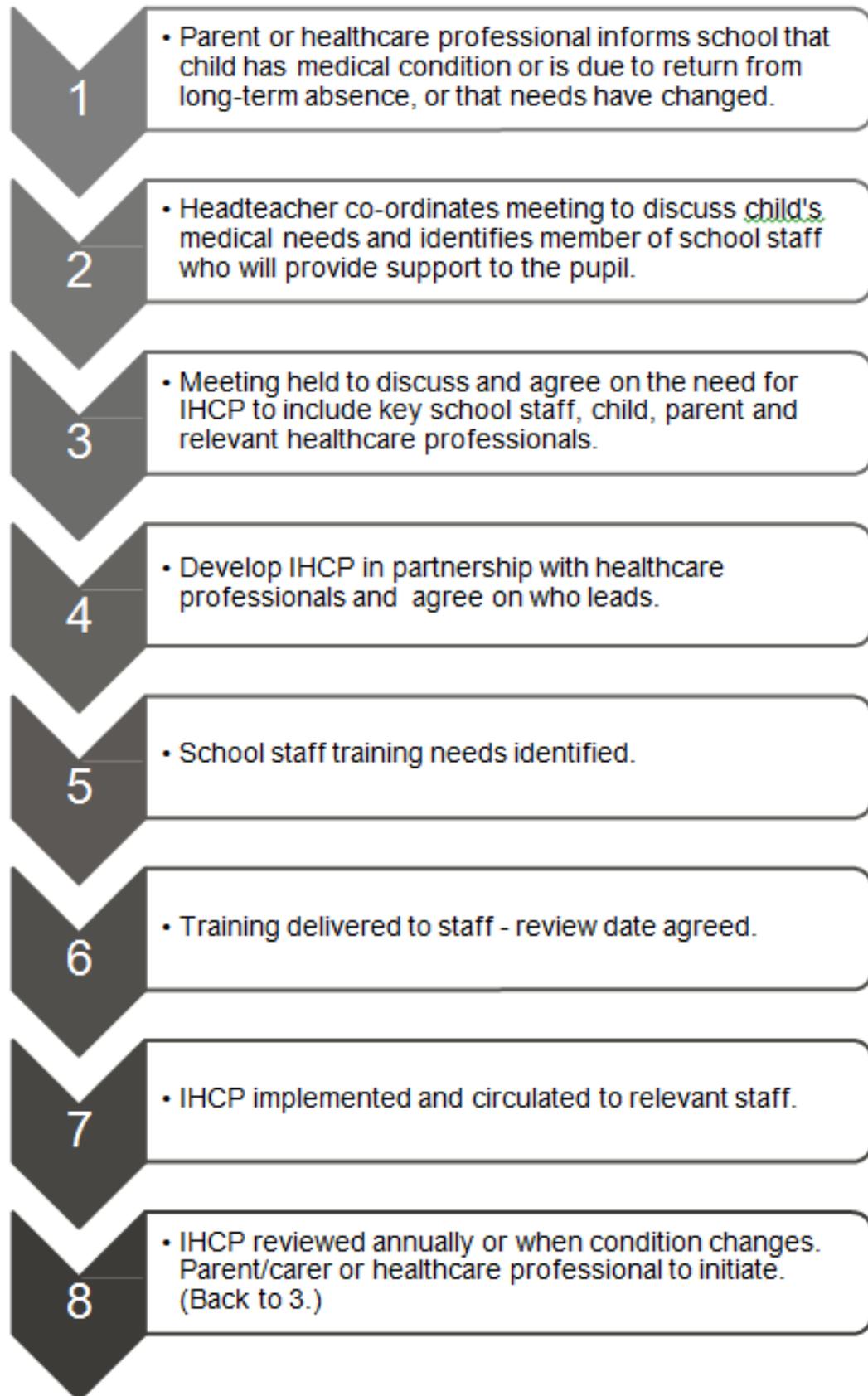
Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue; they may make a formal complaint via the complaints procedure for the Federation which is available on the schools websites and from the office

Monitoring and Review

The Head of School implements the school's 'Supporting Pupils at School with Medical Conditions' policy on a day-to-day basis, and ensures that all staff is aware of the details of the policy as it applies to them. The Executive Headteacher reports to governors annually on health and safety issues.

This policy will be reviewed at any time on request from the governors, or at least once every two years.

Appendix 1 - Individual healthcare plan implementation procedure



Appendix 2 - Individual healthcare plan template

School Individual Health Care Plan	
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 child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.	
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without 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, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

INDIVIDUAL MEDICAL INFORMATION

Photo- school to provide

Name _____

Class _____

Condition _____

Parent/Carer contact information:

Name.....

Emergency telephone number.....

Type of medication-

Location of medication:

When to administer medication: Please include details of dosage amount/time of administration.

How to administer medication:

Parent/Carer Signature

Date: ___/___/___



Request for school to administer medication

The school will not give your child medicine unless you complete and sign this form, and the head of School has agreed that the school staff can administer the medication.

Details of Pupil

Surname.....

Forename.....

Address.....

M / F.....DoB..... Class

Condition or Illness.....

Medication

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

For how long will your child take this medication.....

Timing.....

Special precautions.....

Side Effects.....

Self-Administration.....

Procedures to take in an emergency.....

Contact Details

Name.....

Relationship to pupil.....

Daytime Phone No.....

Address.....

I understand that I must deliver any medicines personally to*.....and accept that this is a service that the school is not obliged to undertake.

Name.....Date.....

Signature.....Relationship to

Pupil.....

<i>Policy reviewed</i>	<i>March 2016</i>
<i>Adopted by Governing Body</i>	<i>March 2016</i>
<i>Review date</i>	<i>March 2018</i>