

Bosmere Junior School
South Street
Havant
PO9 1DA



SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

The purpose of this policy is to ensure that there is a plan in place to support pupils with medical conditions and that employees are aware of their responsibilities and that relevant staff understand the administration of medicine arrangements, so that these children can play a full and active role in school life, remain healthy and achieve their academic potential.

Date:	December 2018
Review Date:	December 2021
Responsibility:	Senior First Aider
STATUTORY	✓
Checked against Equality Policy	✓

Senior First Aider:	Date:
School Support Committee Chair:	Date:
Chair of Governors:	Date:
Headteacher:	Date:

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the Governing body of this school to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines will be arranged and managed in accordance with this document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

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.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles & Responsibilities

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body is responsible for:

- Ensuring that the policy for supporting pupils with medical needs is in place and reviewed at regular intervals
- Ensuring that appropriate resources, including staff, are available to enable the policy to be applied

The Headteacher is responsible for:

- Ensuring that sufficient staff have appropriate training
- Ensuring that the procedures as laid out in the policy are known and followed by all staff

The inclusions manager (SENCO) is responsible for:

- Ensuring that all relevant staff are made aware of a pupils' condition
- Ensuring that cover arrangements are in place, in case of staff absence, to ensure a suitably trained member of staff is always available
- Monitoring of individual health care plans
- Liaising with the teacher advisor for disabilities and other professionals involved in supporting pupils with medical needs

- Liaising with the school nursing service regarding health care plans and training
- Ensuring that individual health care plans are in place and up to date
- Ensuring that pupils and parents are involved in the development and review of the child's individual health care plan

Teachers and Support Staff are responsible for:

- Overseeing risk assessments for pupils with medical conditions
- Liaising with the teacher advisor for disabilities and other professionals involved in supporting pupils with medical needs
- Carrying out day to day support in accordance with the individual health care plan

Pupils:

- Pupils will be fully involved in discussions about their medical support needs and will be expected to contribute as much as possible to the development of, and comply with, their individual health care plan.

Parents:

- Parents should be involved in the development and review of their child's individual health care plan.
- They are responsible for carrying out any action they have agreed to as part of its implementation.
- They are responsible for ensuring that they, or another nominated adult, are contactable at all times.

Additional support can be obtained through the Havant School Nursing Team.

Local Arrangements

Identifying children with health conditions

Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers, feeder schools and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' (Appendix A) to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to be able to support them accordingly.

Where an Education Health Care Plan or other similar document already exists this will be used as part of the transition process.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual health care plans

Statutory Requirement: The Governing body will ensure that the school’s policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate. See Flow Chart (Appendix B)

Where children require an individual healthcare plan it will be the responsibility of the SENCO to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The SENCO will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children’s community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document ‘Process for identifying children with a health condition’ for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template (Appendix C) produced by the DfE to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and the previous education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Statutory Requirement: The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child’s needs have changed. Plans should be developed with the child’s best interests in mind and ensure that the school assesses and manages the risks to the child’s education, health and social well-being and minimise disruption.

Health care plans will be reviewed during the first week of the Autumn term (ideally on the first day of term) for new pupils including year 3. Health care plans of pupils in years 3, 4 and 5 will be reviewed during the summer term in preparation for transition to their next teacher. Health care plans can be reviewed at any time when the need arises.

Statutory Requirement: When deciding what information should be recorded on individual health care plans, the governing body will use the standard template produced by Hampshire County Council created in conjunction with DfE guidance. (see appendix C attached)

Staff training

Statutory Requirement: The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.

The school policy should be clear that any member of school staff providing support to a child with medical needs should have received suitable training.

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

All new staff will be inducted on this policy when they join the school. Records of this training will be stored in the school office.

All staff will be provided with awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually or following any changes.

The awareness training will be provided to staff by Headteacher or Deputy Headteacher at whole school staff meeting.

We will retain evidence that staff have been provided with the relevant awareness training on the policy by keeping minutes of meetings and staff signing annually to say they have read the statutory policies.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A 'Staff training record – administration of medicines' form ([Appendix D](#)) will be completed to document the type of awareness training undertaken, who attended the training, the date of training and the competent professional providing the training.

The child's role

Statutory Requirement: The Governing body will ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual health care plan. The health care plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

Where appropriate children will be allowed to carry their own medicines. Otherwise medicines will be kept in the class medical box which is kept with the class during lesson times and left at the medical station during lunchtimes (Library area).

Managing medicines on School Premises

Statutory Requirement: The Governing Body will ensure that the school's policy is clear about the procedures to be followed for 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 (or Deputy Head teacher in their absence) is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carer's written consent (a 'parental agreement for setting to administer medicines' form will be used to record this (Appendix E), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

Any medication administered to a child or young person will be recorded on "Record of Medicines Administered to Children" form (Appendix F).

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 accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their 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.

Children who are able to use their own inhalers themselves will be encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

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.

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 (Where the school have concerns they will seek further guidance from their link School Nurse).

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

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 Head teacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and the cabinet cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in the refrigerator in the medical room in a clearly labelled container. There will be restricted access to a refrigerator holding medicines.

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.

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 parent/ 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 the child's parents or the Havant School Nursing Team who will remove them from site.

Medical Accommodation

The medical room will be used for most medical administration/treatment purposes. However, individual needs will be assessed to meet specific requirements e.g. asthma inhalers and epipens will be kept with the class medical box which travels around the school site with the children, diabetic testing kits will be kept in an agreed location to meet the child's needs.

Record keeping

Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children.

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form (appendix G). The form will be kept on file in the medical room. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

Statutory Requirement: The Governing body will ensure that the school's policy sets out what should happen in an emergency situation.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

Day trips/off site activities

Statutory Requirement: *The Governing body should ensure that their 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.*

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and take advice from the relevant healthcare professional to ensure that pupils can participate safely.

Unacceptable practice

Statutory Requirement: The governing body will ensure that the school's policy is explicit about what practice is not acceptable.

Staff will be expected to use their discretion and judge each child's individual healthcare plan on its merits. It is acknowledged that 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; 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, 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 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 eg. by requiring parents to accompany the child.

Liability and Indemnity

Statutory Requirement: The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk

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

The County Council is self-insured and has 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.

Complaints

Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions

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.