



**Supporting Pupils at School with Medical Conditions: Policy
and Guidance**

To be read in conjunction with:

Supporting Pupils at School with Medical Conditions

**DfE Statutory guidance for governing bodies – released in
September 2014**

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 is arranged and managed in accordance with the Supporting Pupils with Medical Needs 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

Supporting children 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 to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

The Governing Body is responsible for:

Governing Bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented and that no child with a medical condition can be denied admission. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. 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. Consideration should be given to how children will be reintegrated back into school after periods of absence.

Governing Bodies should ensure that sufficient staff have received suitable training and are confident and competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed. They should make suitable cover arrangements in case of staff absence or staff turnover to ensure someone is always available, this should include supply teachers. Risk assessments for school visits, holidays and other school activities outside the normal timetable.

The Headteacher is responsible for:

Headteachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all relevant staff that need to know are aware of the child's condition. They should also ensure that sufficient trained members of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

Headteachers have overall responsibility for the development of Individual Healthcare Plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should ensure that the school contacts the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Teachers and Support Staff are responsible for:

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 a teacher's 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.

The School Link Nurse is responsible for:

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. 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.

Other Healthcare Professionals are responsible for:

It is advised that 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).

Local Authorities are responsible for:

It is advised that local authorities should provide support, advice and guidance, including suitable training for staff, to ensure that the support specified within Individual Healthcare Plans can be delivered effectively.

Providers of Health Services:

Working in partnership with schools, the providers of health services, should ensure that children with a medical condition are supported, this may include appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff to support children with medical conditions at school.

Advice on the role of Clinical Commissioning Groups (CCGs):

Working in partnership with the Clinical Commissioning Group and the local Health and Wellbeing board to ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical needs.

Local Arrangements

Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/carers 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' 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 support them accordingly. 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.

For children starting at the school or moving to another school, arrangements will be in place in time for the start of the relevant term, where possible. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

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

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. In liaison with healthcare professionals and parents, the school will establish - based on the available evidence - whether a healthcare plan would be inappropriate or disproportionate.

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 seek to work in partnership with the parents/carer, 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 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 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), then we will work with Hampshire County Council and education provider to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

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.

The SENCo will review the plans with parents in Autumn 1 of each academic year or if something changes prompting a review. When the plans are reviewed, these will be shared with the headteacher and with relevant staff.

When deciding what information should be recorded on Individual Healthcare Plans, the Governing Body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;

- specific support for the pupil’s educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (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 and the head teacher 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 parent/child, the designated individuals to be entrusted with information about the child’s condition; and
- 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.

Staff training

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any Individual Healthcare Plans). Training should be sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions. A first-aid certificate does not in and of itself constitute appropriate training in supporting children with medical conditions.

All new staff will be inducted on the Policy when they join the school through reading the Policy and discussing with their line manager if they have any queries. Records of this training will be stored in the Admin Manager’s office. All nominated staff will be provided 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 every year in Autumn 1.

The awareness training will be provided to staff by the SENCo. Whole school awareness training to be arranged so that all staff are aware of the school’s policy for supporting pupils with medical conditions and their role in implementing that policy. The training should also include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. We will retain evidence that staff have been provided the relevant awareness training on the Policy by recording attendance at the training on a record sheet. 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 will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The Parent's Role

Parents 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 are key partners and should be involved in the development and review of their child's Individual Healthcare Plan, and may be involved in drafting it. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult, are contactable at all times.

The child's role

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 Healthcare Plan. The healthcare 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 appropriate 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.

Managing medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible, we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore, this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

Medicines should only be administered at school when 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/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), 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. A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is recorded in the medicine record folder found in the first aid cupboard. 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 are encouraged to access it from a readily accessible place where it is 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. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.

Schools should 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 school should be noted in school. 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.

We will never administer Aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor. All other pain relief medicine (including 'Calpol' or paracetamol based equivalent) will not be administered without first checking maximum dosages and when previously taken. We will always seek permission from and 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 Headteacher.

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 can not be easily tampered with and can not be easily removed from the premises. Where medicines need to be refrigerated, they will be stored in the refrigerator in the staff room in a clearly labelled airtight container. There must 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 Healthcare 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 Cannon Hygiene who will remove them from site once a month.

Medical Accommodation

The Library or Green Room will be used for all medical administration/treatment purposes. The location/room will be made available when required.

Record keeping

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

Emergency Procedures

In an emergency situation staff will contact the appropriate emergency services using the relevant numbers (usually 999 or 112).

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 arrive, 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

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 seek advice from the relevant healthcare professional to ensure that pupils can participate safely.

Other issues

We hold a Salbutamol Asthma inhaler for emergency use by those children on the register.

Unacceptable practice

Staff are expected to use their discretion and judge each child's Individual Healthcare Plan on its merits, 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 Plan;
- 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, eg. 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 e.g. by requiring parents to accompany the child.

Liability and Indemnity

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

The County Council's is self insured and have extended this self insurance to indemnify school staff who have agreed to administer medication or under take 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

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 – available in hard copy via the school office or online via the school’s website.

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| Signature of Responsible Manager/Headteacher: | |
| Date: | |

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| Name of School: | Lymington Junior School |
| Name of Responsible Manager/Headteacher: | Dan Twyman |
| Date Policy approved and adopted: | Tuesday 23rd January 2018 |
| Date Due for review: | January 2019 |