



Supporting Pupils with Medical Needs Policy

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Mid-Reviews (<i>statutory</i>):			
Document No:	POL-SCH-011	<i>The information contained on this document is considered proprietary to East Midlands Education Trust in that these items and processes were developed at private expense. This information shall not be released, disclosed, or duplicated.</i>	

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1 Legal Framework

- 1.1 Section 100 of the Children and families Act 2014 places a duty on schools to make arrangements for supporting pupils with medical conditions. Some children with medical conditions may be disabled and in this instance the Equality Act 2010 must be complied with. Some may also have SEN and may have an Education, Health and Care Plan (EHC) which brings together health and social care needs, as well as their special educational provision.

2 Aims

- 2.1 To ensure that all children with medical conditions, in terms of both 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.
- 2.2 To ensure effective management of short term and frequent absences connected with a pupil's medical condition and ensure appropriate support is in place to limit the impact on the child's educational attainment and emotional and general wellbeing.
- 2.3 To ensure effective reintegration back into school so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend

3 Roles and Responsibilities

- 3.1 The **Principal/Head Teacher** will ensure that the school's policy is developed and effectively implemented with partners.
- 3.2 Each school will identify a named person with overall responsibility for policy implementation.
- 3.3 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. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- 3.4 **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, if one is required, 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, notify school of any changes and ensure that they or another nominated adult are contactable at all times.

4 Procedures

- 4.1 All schools will work closely with health professionals and other support services to ensure that children with medical conditions receive a full education. 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 Health Related Education Team.

- 4.2 Each 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. 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.
- 4.3 Whenever a school is notified that a pupil has a medical condition we will liaise with parents/carers and healthcare professionals to determine whether a Health Care Plan should be produced and ensure we are able to support the pupil appropriately. Transitional arrangements will be put in place in conjunction with the previous school. This will be reviewed on an annual basis.
- 4.4 Where pupils need to drink, eat or take toilet or other breaks to manage their condition effectively they will be enabled to do so. Each school will have their own system of ensuring that children can seek the assistance of staff discretely which will enable staff to make an appropriate response.
- 4.5 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. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

5 Individual healthcare plan

- 5.1 A recognised Individual healthcare plan (*see model in Appendix 1*) will be developed where required and will capture the key information and actions that are required to support the child effectively. They will be drawn up in partnership between the school, parents, 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. A plan will identify the steps we need to take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Where a child has SEN but does not have an Education, Health and Care plan, their special educational needs will be mentioned in their recognised individual healthcare plan.
- 5.2 Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the recognised individual healthcare plan identifies the support the child will need to reintegrate effectively. The following considerations will be taken into account in producing individual healthcare plans:
- 5.1.1 the medical condition, its triggers, signs, symptoms and treatments;
- 5.1.2 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;

- 5.1.3 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;
- 5.1.4 the level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring
- 5.1.5 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;
- 5.1.6 who in the school needs to be aware of the child’s condition and the support required;
- 5.1.7 arrangements for written permission from parents for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- 5.1.8 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;
- 5.1.9 where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child’s condition; and
- 5.1.10 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

6 Staff Training and Support

- 6.1 Any member of school staff providing support to a pupil with medical needs will receive suitable training. This should be identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 6.2 Staff must not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

- 6.3 Arrangements will be made by pastoral staff for briefing teachers about specific issues related to individual pupils. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Whole school awareness training will be set up as required so that all staff are aware of their school's policy for supporting pupils with medical conditions and their role in implementing that policy.
- 6.4 The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views.

7 The child's role in managing their own medical needs

- 7.1 Pupils with medical conditions 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 their individual healthcare plan. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.
- 7.2 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. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.
- 7.3 If it is not appropriate for a child to self-manage, then relevant staff will 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 will follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

8 Managing medicines on school premises

- 8.1 In administering medicines, the following considerations will be taken into account:
 - 8.1.1 medicines will only be administered by school staff when it would be detrimental to a child's health or school attendance not to do so
 - 8.1.2 where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
 - 8.1.3 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 to schools inside an insulin pen or a pump, rather than in its original container
 - 8.1.4 Non-prescribed medicines will NOT be administered in school or stored by the school.**

- 8.1.5 Medicines will be kept in a locked cupboard (apart from adrenaline auto-injectors which need to be readily available in a location known by staff and students) and whenever medication is administered two members of staff should be available to check the correct dosage is given and check that the medication is given to the correct pupil and that the expiry date has not been exceeded. Medicines will be kept in a clear plastic folder with the photograph of the child clearly visible. 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, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away.
- 8.1.6 The MHRA (The Medicines and Healthcare Products Regulatory Agency) recommends that those prescribed AAIs (adrenaline auto-injectors) should carry two devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.
- 8.1.7 Staff administering medicines should do so in accordance with the prescriber's instructions. A record of all medicines administered to individual children will be kept, 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.
- 8.1.8 **no child under 16 should be given prescription medicines without their parent's written consent** - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. **Any pupil wishing to keep medicines in school for the school to administer must have a signed Administration of Drugs consent form (see Appendix 2)** from their parent or carer. These forms are then kept in the First Aid Room. **Unless the school receives an Administration of Medicines form any prescribed medicines handed into school will be considered to be for safe keeping and not for administration.**
- 8.1.9 a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- 8.1.10 a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. School staff may administer a controlled drug to the child for whom it has been prescribed. A record should be kept of any doses used and the amount of the controlled drug held in school
- 8.1.11 when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

9 Emergency procedures

- 9.1 Where a child has an individual healthcare plan, this will 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 the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- 9.2 If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

10 Day trips, residential visits and sporting activities

- 10.1 Pupils with medical conditions will be supported to participate in school trips and visits, and in sporting activities. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Arrangements will be made 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, or if the school feels the adjustment is not reasonable.
- 10.2 Schools will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Health and Safety Executive (HSE) guidance on school trips will be taken into account.

11 Defibrillator

- 11.1 All schools in EMET will have a defibrillator on site which is to be readily accessible throughout the school day in a location which is known to all staff and it is to be available for lettings of the premises.

12 Liability and indemnity

- 12.1 Each school's insurance policy covers all staff and all students in any eventuality on the school site or on a school trip.

Reviewed by: Trustees
Review date: Spring 2021
Next review due: Spring 2024

[school name]

[school logo]

HEALTH CARE PLAN

CHILD'S NAME:

Tutor group:

Date of birth:

Home address:

MEDICAL DIAGNOSIS OR CONDITION:

FAMILY CONTACT INFORMATION:

Contact 1

Name:

Phone number (work)

Phone number (home)

Phone number (mobile)

Contact 2

Name:

Phone number (work)

Phone number (home)

Phone number (mobile)

CLINIC/HOSPITAL CONTACT:

Name of clinic/hospital:

Phone number:

G.P.

Name of G.P.:

Phone number:

Medical needs, triggers, signs or symptoms:

Daily care requirements, including medication 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:

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

Follow-up care:

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

Support for educational, social and emotional needs:

Training required to give prescription medicines or undertake health care procedures:

Training undertaken:

Person(s) trained:

Verified by Date

Date:

Review due:

Appendix 2 – Administration of drugs consent form

THIS FORM SHOULD ONLY BE USED FOR PRESCRIBED MEDICATION

[school name]

[school logo]

ADMINISTRATION OF DRUGS - CONSENT FORM

CHILD'S NAME:

Tutor group:

Date of birth:

Home address:

Name and strength of medication:

Expiry date:

How much to give (i.e. dose to be given):

When to be given:

Any other instructions:

Number of tablets to be given to school:

(Note – medicines must be in the original container as dispensed by the pharmacy)

Agreed review date to be initiated by: (staff member)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature Date

Print name

IF MORE THAN ONE MEDICINE IS TO BE GIVEN A SEPARATE FORM SHOULD BE COMPLETED FOR EACH ONE.