



## **Policy for Supporting Pupils with Medical Needs**

**November 2014**

**To be reviewed in November 2017**

### **Aims**

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

### **Medicines in School**

Many pupils will need to take medication (or be given it) at school at some time in their school life. Mostly this will be for a short time only; e.g. to finish a course of antibiotics. To allow pupils to do so will minimize the time they need to be absent from school. However, medicines should only be taken in school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Parents should keep children at home if they are acutely unwell.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent. Parents will be asked to fill in a consent form and discuss the medicine with Miss Hunt, Mrs Crawley or Miss Critchley. Please see the consent form (appendix 1 and on the website). Medicine must be handed to Miss Hunt, Mrs Crawley or Miss Critchley on the first day and may be handed in to the office on subsequent days.

Schools should 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

All medicines should be stored safely. They should be stored in the cabinet in the medical room. Children should know where their medicines are at all times and be able to access them immediately. Children who need epi pens should have 1 kept in a labelled container (with their photograph on) in their classrooms and 1 kept in a labelled container (with their photograph on) in the unlocked cabinet in the medical room.

Asthma inhalers are kept in unlocked drawers in the medical room and are in clearly labelled containers.

School should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container (in the medical room) and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school (appendix 1 and 2)

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 (appendix 2) Any side effects of the medication to be administered at school should be noted. **However, there is no legal duty which requires school staff to administer medication; this is a voluntary role.**

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.

## **Asthma**

Parents are responsible for letting the school know when their child has asthma and providing school with an **in-date** pump.

Pumps are kept in clearly labeled containers in unlocked drawers in the medical room, where children are able to access them.

At lunchtime and playtime if a child asks to use their asthma pump, a welfare assistant will accompany them to the medical room.

At other times of the day, children in years 2-6 can use their pumps independently (dependent on any individual health care plans or needs of individual pupils). The child will be accompanied to the medical room by another child in their class.

Children in reception and year 1 must be accompanied by a teaching assistant or additional adult to the medical room. If an additional adult is not available, a child must be sent to find an available additional adult.

Each time a child uses their pump, they put a tick against their name. Welfare staff then transfer this information to a folder weekly. This means school can monitor the child's asthma. If a child is using their pump more often than usual, parents will be informed as this may indicate a change in the child's asthma.

Welfare staff will check asthma inhaler dates on a monthly basis and send home letters to inform parents if the expiration date is approaching.

Regulations regarding asthma inhalers have very recently changed (October 2014) and the school will look to keep an emergency salbutamol inhaler in school. This will need a separate policy, which is to be in line with this policy and developed in 2015.

### **Procedure to follow when notified of a medical need**

The Assistant Head Teacher (Rebecca Hunt), Deputy Head Teacher (Helen Critchley) and Family Support Worker (Mrs Crawley) are responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out in conjunction with the class teacher
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

Where children are joining Park Primary at the start of a new academic year, these arrangements should ideally be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

### **Individual Health Care Plans**

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They 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, 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 should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. Plans are written by the school nurse or health visitor, where children are under 5. An initial meeting will usually happen with the

school nurse/ health visitor, parents and school. At times, health visitors may see parents separately in clinics.

These plans will be reviewed annually or more frequently if needed at the request of parents or the school.

The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in 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 (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- 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
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements

A list of children with individual HealthCare Plans will be kept updated by the SENCo. This list will contain a photograph of the child, alongside their name and condition. This list will be shared with staff members in inclusion folders and will be inside a cupboard door in the medical room. This list will be in the pack for supply teachers.

## **Self Management**

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures (with supervision). This should be reflected within individual healthcare plans.

Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, 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 follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

## **Educational Visits**

Please see Educational Visits Policy.

Park Primary wishes 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. 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. Schools should 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.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment 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.

Medication, asthma pumps, epi pens, etc. should be taken on an educational visit and be administered as it would be in school.

## **Residential Visits**

Any consent forms for residential visits should ask about any medical conditions or medicines which need to be taken.

These should be discussed with parents and the trip leader. Any medicines should be handed to the trip leader, who will keep them in a safe place (which the children will be aware of).

Wherever possible children should self-administer the medicine under supervision.

## **Record Keeping**

Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Written records are kept of all medicines administered to children. (Please see appendix 2). These are in a folder. Also kept in this folder are the agreements parents make to administer the medicine (appendix 1) and the training staff take to administer the medicine (appendix 3). This file is kept in the medical room.

Further to this, records are kept of first aid administered (please see appendix 4). These are recorded in a file and kept in the medical room.

Whenever a child has bumped or banged their heads a letter will be sent home (please see appendix 5) so parents can monitor the child for any sickness, dizziness or signs of concussion.

Parents will be informed through a letter (appendix 6) of significant injuries. These include injuries with obvious bruising, significant grazing or cuts. Parents may also be phoned in order to warn them of their child's significant injuries. If it is necessary, parents may be asked to collect their child to seek further medical advice. In extreme situations and if needed an ambulance would be called.

The welfare assistants (or other first aider) are responsible for writing the letters which are sent home.

A letter would not be sent home for a minor graze, minor bleeding, minor bruising or a small bump (not to the head).

Asthma records are kept separately to the records of medicines administered and first aid administered. There is a separate asthma folder with a list of the children with asthma pumps, the expiry dates and records of how often the pumps have been used.

Also kept in the medical room is a folder with the Individual Health Care Plans. These are also kept in inclusion folders and one is on the inside of a cupboard door in the classroom. There is a label on the outside of the door to indicate that a care plan is kept inside the cupboard.

### **Staff First Aid and Injuries**

Any first aid administered to staff should be recorded in the same folder as the first aid administered to children (appendix 4).

For serious injuries and accidents an incident report form should be filled in. These are kept behind the school business manager's desk. A copy then needs to be sent to the HR department within the local authority.

### **Training & Support**

Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of individual healthcare plans. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.

Schools may choose to arrange training themselves and should ensure this remains up-to-date.

Training should 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.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

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. They should provide specific advice, but should not be the sole trainer.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare 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; 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, 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, eg by requiring parents to accompany the child.

## Roles & Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

### The Governing Body

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

### The Head Teacher

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHPs should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

### School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, **although they cannot be required to do so**
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly 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 as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

### Other healthcare professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

#### Pupils

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their individual health care plan.

#### Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's individual health care plan.

### **Liability and Indemnity**

Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

### **Complaints**

Please see the school's complaint procedure policy.

For complaints regarding medical professionals such as the school nurse or health visitors, NHS complaints procedures should be followed for these organisations.