



Supporting Pupils at School with Medical Conditions Policy

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Date: 20th September 2015

Approval: A Godfrey (Chair of Board)

_____ (signed)

Review Date: September 2017

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Supporting Pupils at School with Medical Conditions Policy

Section 100 of the **Children and Families Act 2014** places a **duty on** governing bodies of maintained schools, to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the governing body, **must** have regard to guidance issued by the Secretary of State under this section. This means to take account of the guidance and to carefully consider it. Having done so, there would need to be a good reason to justify not complying with it.

Aim: The aim is 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.

At North View Academy therefore, we will ensure that:

- pupils at school with medical conditions will be supported so that they have full access to education, including school trips and physical education.
- we will consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported according to the advice they provide.
- we will make reasonable adjustments to enable the above conditions to thrive and to provide the optimum learning environment for all children.
- for children with SEND, their needs will be managed according to the Special Educational Needs Code of Practice 0-25 September 2014 (DFE).
- no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The named persons responsible for policy implementation will always include: A designated senior leader, the First Aid Supervisor (or equivalent role) and the School Health Service representative.

Procedures:

In consultation with the Public Health Service and other training providers, arrangements will be made to ensure that:

- sufficient staff are suitably trained in First Aid, use of and managing medications, and the administration of medicines relating to specific medical conditions
- refresher courses will be undertaken at appropriate intervals as required to keep competencies up to date
- all relevant staff will be made aware of a child's condition
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable will be monitored and reviewed
- individual healthcare plans will be developed and then reviewed at least annually in consultation with parents, child, First Aid supervisor and the school nurse
- advice relating to Individual Healthcare Plans will be followed when appropriate (see Appendix A)

Roles and responsibilities:

Supporting a child 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 cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. (DfE April 2014)

North View Academy's Governing Body will therefore endeavour to:

- ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make for supporting pupils at school with medical conditions
- ensure that sufficient staff have received suitable training and are competent before they take on the responsibility of supporting children with medical conditions

The Head Teacher will endeavour to:

- ensure that all staff are aware of this policy and how they can contribute to its implementation
- ensure that all staff who need to know are aware of a child's condition
- ensure that staff are appropriately insured to support pupils
- ensure that sufficient staff have received suitable training and are competent to deliver against all healthcare plans drawn up in consultation with the school nurse and the First Aid supervisor
- ensure that whole school awareness training will be updated yearly for administration of epi-pens and advice regarding asthma and diabetes

All school staff will endeavour to:

- provide support to pupils with medical conditions, although they cannot be required to administer medicines
- take account of medical conditions of any pupils that they teach
- follow specific identified First Aid procedures for pupils with medical conditions

The child's role in managing their own medical needs

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures which are reflected within an individual healthcare plan. This will relate to conditions specified as: asthma, diabetes, cystic fibrosis and anaphylaxis.

Children will only be allowed to carry anti-histamine tablets, travel sickness tablets, asthma inhalers and epi-pens and relevant devices and therefore will be able to access their medicines for self-medication quickly and easily. All other medicines will be stored by the First Aid supervisor.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises

The governing body will ensure that the school's policy is clear about the procedures to be followed for managing medicines:

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so

Only 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 accompanied by a North View Academy medicines form will be accepted. 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. A three dose or less antibiotic treatment will not be accepted.

All medicines will be stored safely by the First Aid supervisor in the designated office. Children will know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away particularly when outside of school premises eg on school trips.

Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only named staff will have access. A record will be kept of any doses used and the amount of the controlled drug held in school. The First Aid lead Supervisor, Administrator, or designated Learning Support Assistant will administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions. A record will be kept of all controlled drugs administered to individual children, stating what, how and how much was administered, when and by whom with a counter signature. Any side effects of the medication to be administered at school will be noted.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Record keeping

The Governing body will ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

Emergency procedures

Where a child has an individual healthcare plan, this should 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.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance if parents cannot be contacted. The member of staff will stay at the hospital until an appropriate family member can provide appropriate care.

Insurance and indemnity

Only authorised staff are permitted to undertake basic medical procedures and, as long as they have been adequately trained, will be covered under public liability insurance policy accordingly.

Training

At North View Academy therefore, once the First Aid supervisor or senior leader has been informed by the school nurse/health or parent of a specific medical condition, which may need either a healthcare plan or specific actions relating to care, the school nurse/health professional will advise on training and jointly commission adequate training with the cooperation of the Health service professionals.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school, that is, with the First Aid supervisor in the first instance, or the senior leader designated to oversee medical conditions. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure displayed on the school website.

Appendix A

Advice on Individual Healthcare Plans from:

“Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England”

DfE April 2014

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. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan.

The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. **The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.** Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

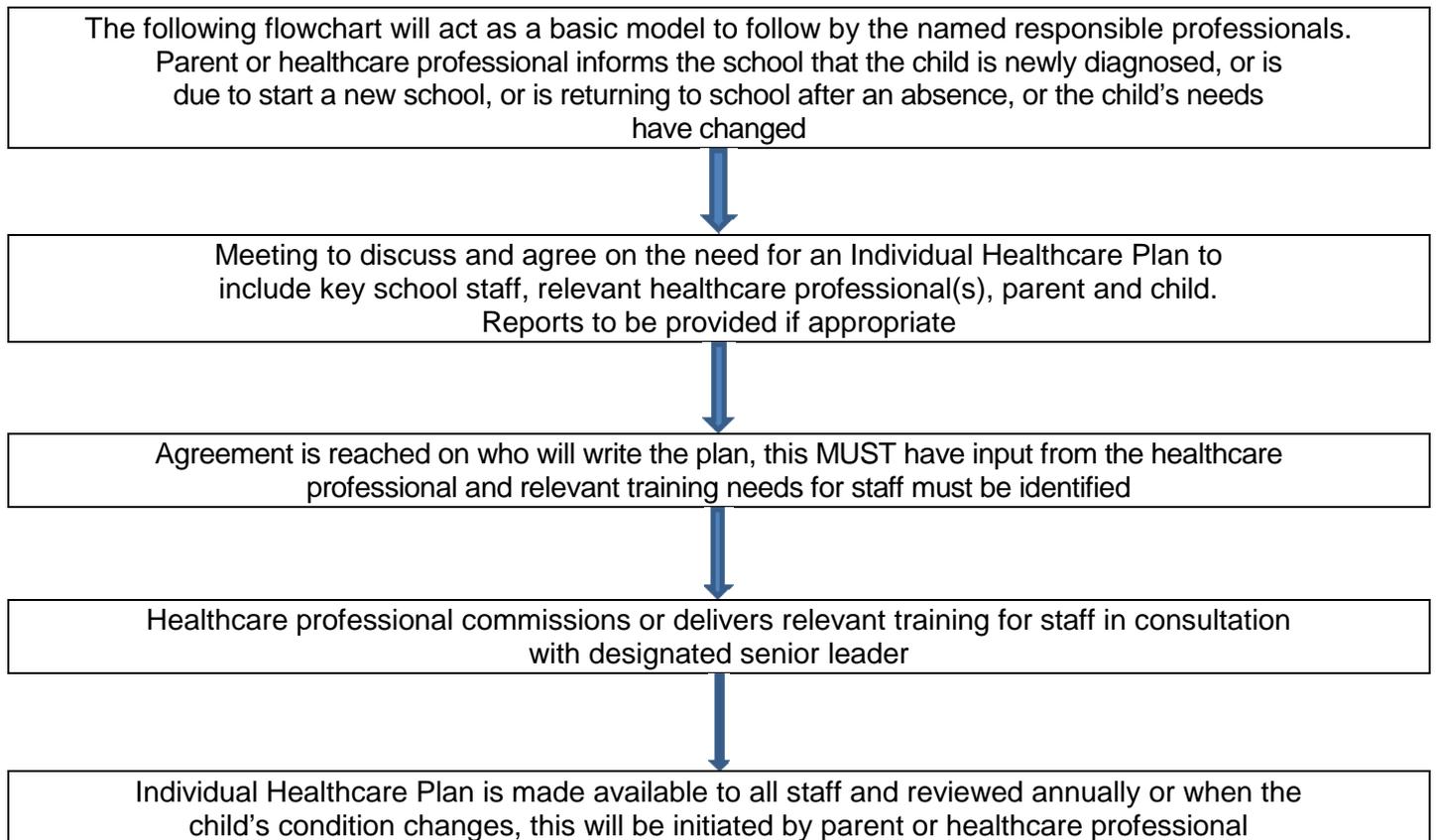
Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

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 eg 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, eg 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

Appendix B



2014-2015 Designated Senior Leader:

HLTA Assistant to SENCO:

First Aid Supervisor:

SEN Administrator:

School Nurses: