



# Medical Conditions Policy

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## Medical Conditions Policy

### Supporting Pupils with Special Medical Needs

This policy is based on guidelines from the DFE publication Section 100 'Children's and families Act 2014' and Newham Partnership Working 'Standard Procedure 98'.

#### Definition

Pupils' medical needs may be broadly summarised as being of two types:

- a) Short-term affecting their participation in school activities which they are on a course of medication
- b) Long-term potentially limiting their access to education and requiring extra care and support (deemed **special medical needs**)

#### Rationale

Local Authorities and Schools have a responsibility for the health & safety of pupils in their care. The Health & Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children & Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

## **Aims**

The school aims to:

- Assist parents in providing medical care for their children;
- Educate staff and children in respect of special medical needs;
- Adopt and implement the LA policy of Medication in Schools;
- Arrange training for staff to support individual pupils;
- Liaise as necessary with medical services in support of the individual pupil;
- Ensure access to full education if possible;
- Monitor and keep appropriate records.

## **Entitlement**

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:-

- Receive appropriate training;
- Work to clear guidelines;
- Have concerns about legal liability;
- Bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

## **Roles & Responsibilities**

- Megan Auchère - Assistant Head Teacher/Inclusion Manager
- Liz Devlin - Health & Safety Co-ordinator
- Ratana Verma - Welfare Assistant
- Vicky Fitzsimons - Welfare Assistant
- Rakiya Abubakar - Welfare Assistant
- Zulema Erazo - Welfare Assistant
- Manana Sakupwanya - School nurse

The Welfare Assistants are First Aid trained. The SEN budget provides resources to ensure pupils have equal access to the curriculum. Members of staff who provide support to pupils with medical conditions are able to access information and other curriculum support resources as needed Local health professionals including GPs, paediatricians and local health teams (asthma & diabetes) notify the School Nurse

when a young person has been identified as having a medical condition. The school keeps individual pupil information on SIMMS (electronic pupil record system).

### **Training**

Training is provided by NEWCO, the School Nurse and local NHS professionals. Training is updated to reflect any individual healthcare plans. Training is provided to staff before giving prescription medicines or undertaking health care procedures.

Regular training occurs for First Aiders in school. A number of staff has been trained in first aid regarding specific medical conditions. A list of staff First Aid trained is in the Main Office, in the Welfare Room, in the Staffroom and in each classroom with the First Aid box.

### **Managing and Administering Medicines in School**

In general, if a child is on medication then they should not be in school. However, there may be exceptions to this rule, such as when a child is finishing a course of antibiotics. In such situations, the parent should take the medicine to the Main Office where a form needs to be completed with consent to administer medicine (and the medicine must have been prescribed by a doctor). Under no circumstances should medicine be kept in the classroom. When the child is due to take the medicine then they should be sent to the welfare assistant (or First Aider if the welfare assistant is unavailable).

If a young person needs to be taken to hospital, staff should stay with the young person until the parent/carer arrives, or accompany a young person taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

### **School Staff**

Any member of school staff may be asked to provide support to children 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 must take into account the needs of children with medical conditions that they teach. School staff will 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 child with a medical condition needs help.

### **Asthma pumps**

Children should bring their pumps into school every day or where possible should be kept in school. All pumps should be kept in their classrooms. Spare pumps should also be available in the Welfare Room.

### **Medical Needs**

There is a Medical Information Proforma for parents to complete and this is usually completed upon the child's induction to school, or where issues arise at a later date. The information is then stored in the Welfare Room and shared with key personnel (Class Teacher, Welfare Assistant).

The school will liaise with the School Health Service for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.

Any medicines brought into school by the staff, e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

### **Administering Prescribed Medicine**

Prescribed medicine is only allowed on the school premises with the written permission of the parent. This permission must be granted on the school's standard Consent to Administer Prescription Medicine form available from the school's Welfare Assistant. Medicines should be received from and returned to a responsible adult. School may wish to seek advice from School Nurse regarding acceptable non-prescribed medicines such as insect repellent, antihistamines, indigestion remedies, etc. Medicines should only be administered when it would be detrimental to a young person's health or school attendance not to do so. Only suitable and qualified staff are permitted to administer medication. Written records are kept of all medicines administered to pupils.

Schools should only accept prescribed medicines that are

- in-date,
- labelled,
- provided in the original container as dispensed by a pharmacist
- 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.

### Emergency Procedures

In some cases children require a Care Plan. Copies of these are kept in the Welfare Room and each child's classroom. A list of pupil with medical needs and Care Plans are also displayed in the staffroom. These are designed along with the parents and necessary outside agencies and reviewed annually or as needed. The Care plan includes procedures for when an emergency situation might happen.

### Educational Visits

Schools should make arrangements for the inclusion of all pupils unless evidence from a clinician such as a GP states that this is not possible. Educational visit risk assessments should take into account arrangements for pupils with medical conditions. As outlined in the Equality Act reasonable adjustments as required should be considered to ensure equality of access. This will require consultation with parents and pupils and advice from relevant healthcare professionals to ensure that pupils participate safely.

### Policy into Practice

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school. A record must be kept of any doses used, stating what, how and how much was administered, when and by whom, and the amount of the controlled drug held in school. Any side effects of the medication to be administered at school should be noted. 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.

A log book of medicines administered is kept in the welfare room. An individual log book for children with specific medical needs is also kept in the welfare room e.g. diabetes.

### Sporting Activities

Our PE and extra-curricular sport is sufficiently flexible for all children to follow in ways appropriate to their own abilities.

Some children may need to take precautionary measures before or during exercise and be allowed immediate access to their medication if necessary, inhalers for example.

Teachers supervising sporting activities are made aware of relevant medical conditions.

## OFSTED

Their inspection framework places a clear emphasis on meeting the needs of disabled children and children with SEN, and considering the quality of teaching and the progress made by these children. Inspectors are already briefed to consider the needs of children with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.

Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

## The Young Person

The school advised by Healthcare Professionals encourages children aged appropriately to manage their own health needs.

## Individual Health Care Plans

Some children require a healthcare plan to identify the level of support that is needed at school. The plans may identify specific training needed by volunteer staff. Staff should not give medication without appropriate training.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child.

Plans will be drawn up in partnership between the school, parents/carers, 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. Children 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 will 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. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided.

The format of individual healthcare plans may vary to enable the school to choose whichever is the most effective for the specific needs of each child.

They will be easily accessible to all who need to refer to them, while preserving confidentiality.

Plans should not be a burden on the school, but will 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.

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 children'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 children'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/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the child during school hours separate arrangements or procedures required for educational visits 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/carer-child, the designated individuals to be entrusted with information about the child's condition
- 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.
- Training is given on an individual child basis, by the local health authority (usually the school nurse) for administering medicines such as insulin, rectal diazepam and Epi pens.
- Agreeing to administer intimate or invasive treatment is entirely up to each individual member of staff. No pressure is put on staff to assist in treatment.
- Two adults should be present for the administration of intimate or invasive treatment, unless there are exceptional circumstances.

### **Complaints**

Should parents/carers or children be dissatisfied with the support provided they should discuss their concerns directly with the school.

If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Ultimately, parents/carers (and children) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

### **Liability and indemnity**

Through the London Borough of Newham, the school has appropriate insurance in place relating to the administration of medication.