



Oakwood Primary School Policy

Supporting Pupils with Medical Conditions



“All children have the right to an education” Article 28
“All children have the right to be the best they can be” Article 29
“A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community. Governments must do all they can to provide support to disabled pupils” Article 23

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school and the Head Teacher 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’ 2015, 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 all 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 and responsibilities:

The Governing Body is responsible for: Ensuring that this policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions and ensuring statutory requirements are adhered to.

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 co-operatively 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 to ensure that the needs of pupils with medical conditions are met effectively. Making 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. They will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school

life. The Governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will 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.

The Head teacher is responsible for: Ensuring that the 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. The Head teacher will ensure that all staff that need to know are aware of the child's condition. They will ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Head teacher has overall responsibility for the development of individual healthcare plans. They will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact 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 teachers' professional duties, they should take into account the needs of pupils 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 pupil with a medical condition needs help.

The School Attendance Lead is responsible for: Maintaining records and liaising with parents of children with medical conditions.

The School Nurse is responsible for: Every school has access to school nursing services 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 - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. 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.

Responsibilities of other key parties: Responsibilities of other key parties: 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 healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy). 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, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

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 its drafting. 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.

Local authorities - are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services – should co-operate with schools that are supporting children with a medical condition, including 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.

Clinical commissioning groups (CCGs) – commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

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. When children with medical conditions transfer to Oakwood, our Attendance Lead will liaise with parents/carers to ascertain details. Training will be organised as appropriate. The Attendance Lead will ensure staff are aware of the condition and the care plan. 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. The school, healthcare professional and parent will agree based on evidence and a risk assessment process, when a healthcare plan would be inappropriate or disproportionate. Where children require an individual healthcare plan it will be the responsibility of the Attendance Lead 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 Attendance Lead will 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 Southampton City Council, based on the DfE model, 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 Southampton City Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Plans will 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 Attendance Lead will review all plans at least annually or if something changes prompting such a review.

When deciding what information should be recorded on individual healthcare plans, we will 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 headteacher 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 a PEEP (Personal Emergency Evacuation Plan) if appropriate, 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 and support - Any member of school staff providing support to a child with medical needs must have received suitable training. This will 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. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed. Staff must not administer prescription medicines or undertake any health care procedures without the 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, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in the pupils' individual health care plans. 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.

Any training undertaken will form part of the overall training record for the school and refresher awareness training will be scheduled at appropriate intervals to ensure this remains up-to-date.

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 possible 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 and Administering 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.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carer's written consent (a 'parental agreement for setting to administer medicines' form will be used to record this).

A documented tracking system to record all medicines received in and out of the premises will be put in place. 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 carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. For the latter, a record sheet of inhaler use will be kept so as to monitor usage (if this increases, parents should be informed at the earliest opportunity) and also to monitor amount of medication left in the inhaler (new inhalers have 200 doses). For children who are able to carry their own inhalers, it is impossible for staff to closely monitor usage, although they should inform parents if they notice that the child is using their inhaler more often than usual.

Controlled drugs will be securely stored in a non-portable container which only office staff or SLT 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.

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 will not be administered without first checking maximum dosages and when previously taken.

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 cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in a clearly labelled airtight container. There must be restricted access to the refrigerator holding medicines, which is located in the School Office in the Secure Office.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. 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 health care plans will be taken for residential trips to ensure appropriate procedures are followed. For local school trips, key details are given to staff.

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. Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through a contractor who will remove them from site as necessary, or via parents.

Medical Accommodation - First Aid will be administered in the area set aside within the main office.

Record Keeping - A record of what has been administered including how much, when and by whom, will be recorded. 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 - Statutory Requirement: The Governing body will ensure that the school's policy sets out what should happen in an emergency situation. 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 arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

Day trips/offsite 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, 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 advice from the relevant healthcare professional to ensure that pupils can participate safely.

Other issues - Defibrillator is available in the staff room. We have a protocol for administering Salbutamol Asthma inhalers for emergency use. We have spare school inhalers and auto-injectors available, but they must only be used if the child's own medication is unavailable or unusable.

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 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, e.g. 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 undertake 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.