Supporting Pupils with Medical Conditions Policy

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1. Legal framework

1.1 Legislation

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

1.2 This policy operates in conjunction with the following:

- Special Educational Needs and Disabilities (SEND) Policy
- Behaviour Policy and Statement of Behaviour Principles
- Complaints Procedure
- Attendance and Absence Policy
- Health and Safety Policy
- Administering Medicines Documentation Pack
- Supporting Pupils with Allergies Policy

2. Roles and responsibilities

2.1 Governing body

The governing body has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing body will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

2.2 Headteacher

The headteacher has delegated responsibility to the SENDCO who will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Contact the school health service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Delegate responsibility for administering medicines and managing IHPs to those who are suitably trained.
- Be the allergy lead

2.3 School Business Manager

The school business manager has responsibility for

- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Support with the development of the policy and procedures within school

2.4 School staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions. This includes supporting with the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

2.5 Parents/carers

Parents/carers will:

- Inform the school if their child has a medical need
- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- Read and follow the Pupils with Allergies Policy if relevant

2.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

2.7 School health team and other healthcare professionals

External health services should notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

The school will also seek advice from external health services when required.

3. Equal opportunities

No pupil will be disadvantaged due to their medical need. Adjustments will be considered when planning any school activity, both on and offsite. Advice will be sought when required.

4. Staff training and support

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with SENDCO. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

5. Notification and implementation procedure

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP.

6. Individual healthcare plans (IHPs)

IHPs will be developed by the school in partnership with the parents/carers and a relevant healthcare professional. The pupil will be involved wherever appropriate. IHPs will always be developed with the best interests of the pupil in mind.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision. The exception is for pupils with an allergy. Pupils with allergies which have a functional impact on them in school, where there is a risk of harm as a result of their allergy or where additional arrangements may be required will have an IHP.

IHPs will be linked to, or become part of, any education, health and care plan (EHCP). If a pupil has special educational needs (SEN) but does not have an EHCP, the SEN will be noted in the IHP.

IHPs will consider the following and the IHP template will ensure the necessary information is captured:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil'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 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

7. Managing Medicines

7.1 Accepting medication

Prescription and non-prescription medicines will only be administered at school when

- it would be detrimental to a child's health or school attendance not to do so
- parental/carer permission is provided

The exception to this is 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.

Prescription and non-prescription medications will only be administered where:

- they are in-date
- labelled with the pupil's name
- they are provided in the original container

- and include instructions for administration, dosage and storage.
- The only 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.

When accepting medication either an IHP will be completed by the parent/carer and school, or and Temporary/Short Term Medication Form will be completed by the parent/carer. It the illness is short term and temporary, it is likely a Temporary/Short Term Medication Form will be used. If the diagnosis is longer term and ongoing, it is likely and IHP will be completed which includes a medication requirements section. All documents are available in the Administering Medicines Document Pack.

Records will be kept of all medications received by parents/carers to be stored on the school site.

7.2 Administering medication

The information provided on the IHP or the Temporary/Short Term Medication Form will be used in all cases. The school cannot accept responsibility for administering a dose of medication outside of the agreed times/doses on this form.

Pupils may self-administer and store medication on their person, following approval via an IHP or Temporary/Short Term Medication Form.

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor.

Medication will never be administered without first checking maximum dosages and when the previous dose was taken.

All medication administered will be checked and countersigned by a competent member of staff. This will be recorded.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Records will be kept in all cases where medication has been administered in school.

7.3 Storing medication

All medicines will be stored safely in pastoral. Pupils will be informed where their medicines are at all times and be able to access them immediately.

Pupils are allowed to keep medication in their possession if this is agreed on their IHP or Temporary/Short Term Medication Form.

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. This is particularly important to consider when outside of school premises.

Records will be kept of all medications held on the school site.

7.4 Disposing of medication

When no longer required, medicines will be returned to the parent to arrange for safe disposal. The school may arrange safe disposal via the pharmacist where parents have been contacted

to collect medications but choose not to collect. No medications will be stored in school during the summer holidays.

Sharps boxes will always be used for the disposal of needles and other sharps.

Records will be kept of all medications returned to parents or disposed of by school via the pharmacy.

7.5 Controlled drugs

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use; this would be considered an offense. All other controlled drugs are kept in a secure cupboard and only named staff have access.

Controlled drugs will be easily accessible in an emergency.

Staff administering medicines will do so in accordance with the prescriber's instructions.

Record of all medicines administered to individual children will be kept.

7.6 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP or Temporary/Short Term Medication Form, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Specific conditions and medication

8.1 Adrenaline auto-injectors (AAIs)

More detailed information related to the management of allergies can be found in the Supporting Pupils with Allergies Policy.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance staff training and manufacturers/dosage instructions.

Where a pupil has been prescribed an AAI the Managing Medicines section of this policy will be followed alongside their IHP. Where pupils can keep their device in their possession and will be noted on their IHP.

The school holds an AAI for emergency use and is stored in the medication store; parents are required to give permission for this to be used with their child. This will be disposed of in accordance with manufacturer's instructions.

In all cases, where an AAI has been administered, the parent/carer will be contacted.

8.2 Salbutamol inhalers

Pupils who have been prescribed a salbutamol inhaler the Managing Medicines section of this policy will be followed alongside their IHP. Where pupils keep this in their possession this will be noted on their IHP.

The school holds salbutamol inhalers, along with spacers, for emergency use and are stored in the medication store; parents are required to give permission for this to be used with their child. They will be disposed of in accordance with manufacturer's instructions.

Spacers will be used in call cases, where possible. Spacers will be cleaned and sterilised between use.

In all cases, where a school emergency inhaler has been administered, the parent/carer will be contacted.

8.3 Diabetes

Where a pupil has be diagnosed with diabetes an IHP will be created.

The school can provide support with carbohydrate counting of school lunches where required.

Prior to this, the member of staff supporting will require training from an appropriate health care professional who will provide advice to the staff member.

Parents will be provided with a menu to show the carbohydrate count for each school lunch item and what insulin dose will be provided following this. This will be included in the IHP and will be signed by the parent/carer.

The school will make every effort to manage this process as quickly as possible but parents must expect that this process may take up to 3 weeks. During this time, parents/carers or health care professionals can support with insulin delivery; the school cannot do this until all documentation has been completed and the IHP has been signed by parents.

9. Record keeping

The following documents are available in the Administering Medicines Document Pack:

- Individual Health Care Plan (IHP)
- Temporary/Short Term Medication Form
- Pupil Medication Administration Log (not for diabetes)
- School Device Medication Administration Log
- Pupil Diabetic Medication Administration Log
- Medication Disposal Record
- Personal Emergency Evacuation Plan (PEEP)

Any emergency medication given in the form of an inhaler or AAI will be logged on Bromcom and on the Medication Administration Log for that device. Parent/carer's will also be contacted.

Records of medications on site are know via the Individual Health Care Plan (IHP) or Temporary/Short Term Medication Log.

10. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. This must include and allergy risk assessment.

Any pupils leaving the school site who have medical conditions will be listed in the risk assessment, along with their needs. School will ensure that all pupils with medication have this available to use on the school trip before leaving. If an AAI has been identified as required in the allergy risk assessment, 2 must be carried. It is the responsibility of the visit leader to organise this.

Advice may need to be sought from health care professionals to ensure a pupil can participate safely in an activity.

11. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the Local Authority. Where appropriate, the school will share relevant information to allow the Local Authority to develop appropriate transport plans for pupils with life-threatening conditions.

12. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures outlined in appendix 2.

Where an IHP is in place, it will detail:

- What constitutes an emergency.

- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parent/carer arrives. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

13. Liability and indemnity

The governing body and school will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy covering employer's liability.

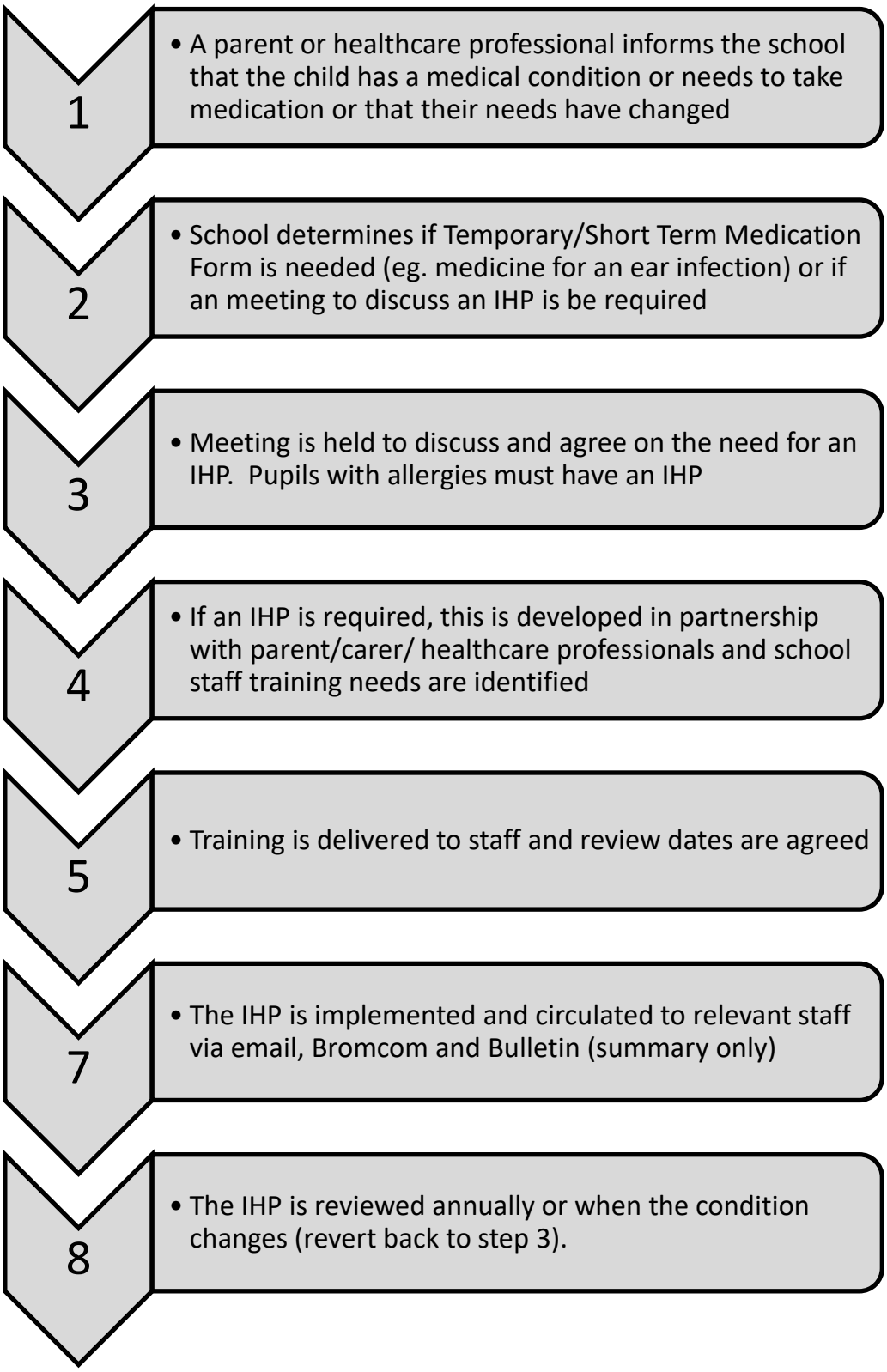
In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

14. Complaints

Parents or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are asked to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the Complaints Procedure. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE if it comes within the scope of section 496/497 of the Education Act 1996.

Parents and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Appendix 1 – Notification and Implementation Procedure



Appendix 2 – Contacting Emergency Services

Request an ambulance – dial (9)999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly, and be ready to repeat information if asked.

- The telephone number: 01665 710636
- Your name.
- Your location as follows: Coquet Community School, Acklington Road, Amble
- The postcode: NE65 0NG
- The exact location of the individual within the school.
- The name of the individual and a brief description of their symptoms.