Supporting Pupils with Medical Conditions

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Introduction

Moss Lane School is an inclusive community that aims to support and welcome pupils with medical conditions. Section 100 of The Children and Families Act 2014 places a duty on the Governing body of this school to make arrangements for supporting children at their premise with medical conditions. This policy was written using the DfE statutory guidance 'Supporting pupils at school with medical conditions' (September 2014) and 'Supporting Pupils with Medical Conditions'.

We will endeavor 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 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 the Headteacher and 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 we 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. Guidance (January 2016).

The aim of this policy is to effectively support individual children with medical needs and to enable children to achieve regular attendance.

Parents retain the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Children should be kept at home if they are acutely unwell and in the case of contagious diseases only return when they are no longer infectious.

The Role of the Governing Body

The governing body will:

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

The Role of the Headteacher

The Headteacher will:

- ensure that their 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
- ensure that all staff who need to know are aware of the child's condition
- 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. This may involve recruiting a member of staff for this purpose.
- have overall responsibility for the development of individual healthcare plans

- make sure that school staff are appropriately insured and are aware that they are insured to support children in this way
- 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.

Staff

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 will 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 (including new/supply staff) should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Those members of staff who volunteer to administer medicines or administer medicines as part of their role within school receive appropriate training. There is always an appropriately trained member of staff available in the school office.

Parents

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.

Prescribed Medicines

Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health or school attendance if the medicine were not administered during the school day. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. The school will 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. At Moss Lane School all medicines provided by parents will be stored in a secured cabinet in the school office**.** Inhalers and adrenalin pens are kept in sealed boxes, clearly marked with the appropriate child's name.

- ***Where a child is required to take a prescribed medicine regularly during the day to manage a long-term condition we will discuss with parents the best way to administer the medicine. For some children, the requirement to go to the office each time could highlight their condition and cause worry or distress.***
- ***If prescribed medicines are administered anywhere other than the school office an adult must always be present. No other children should be sitting with the child when they take the medicine.***
- ***If the medication is a hand wash it may be kept in the practical area so that the child can access it during the day. It would be impractical to require children to go to the office for hand wash each time they needed to wash their hands. Staff must ensure that other children who use the same practical area are aware of the medication and know not to use it themselves***

Controlled Drugs
School staff may administer a controlled drug to the child for whom it has been prescribed.

Non-prescribed Medicines
Staff should never give non-prescribed medicine e.g. paracetamol to a child unless there is specific prior written permission from the parents. Parents must complete the form, 'Pupil Medication Request' prior to any medicine being administered by school staff. Parents are asked to give written permission for Calpol to be administered once in an emergency. Parents would also be contacted by phone where it was felt a child needed an emergency dose.

In such cases only one dose should be given to a child during the day. Details of the medicine administered must be recorded. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Administering Medicines
Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away. Children with an adrenalin pen also have one available in their classroom. Normally medicines will be kept under the control of the school office unless other arrangements are made with the parent. The Pupil Medication request form also forms the record of all medicines administered to children by staff. This is kept in the school office. This must be completed on each occasion that medicine is administered to a child.
When a child refuses medicine the parent should be informed, if practical, the same day. When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Administration of Medicines on Trips and Visits
The school will make all reasonable adjustments to ensure that children may take a full part in all aspects of the curriculum. Where a child requires medication to be administered on a visit it is the responsibility of the visit organiser to assess the practicalities of administering such medicine as is required. They should also 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.

Self-Management of Medicine
Children at Moss Lane School do not manage their own medication. All administration of medicines is undertaken by adults. The only exception is asthma inhalers. Children may administer their own prescribed inhaler under adult supervision.

Individual Health Care Plans
Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Moss Lane School works with parents, the child, school nurses and other healthcare professionals such as GPs and paediatricians to ensure children are properly supported.
The school, healthcare professional and parent will 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 in the appendix.

An Individual Health Care Plan 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. Different children with the same health condition may require very different support. Where a child has SEND but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan.
When deciding what information should be recorded on individual healthcare plans, the governing body will consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the child'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. the size of classrooms, access to tables at lunchtime
- specific support for the pupil's educational, social and emotional needs e.g. how absences will be managed, counselling sessions
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies
- 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
- separate arrangements or procedures required for school visits or other school activities outside the normal school timetable that will ensure the child can participate, e.g. 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.

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 will be drawn up in partnership between the school, parents, 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.

For children who are due to start school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will 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.

Access to the School's Emergency Procedures

In the case of an emergency the school's emergency procedures as outlined in the Health and Safety policy will be followed.

Unacceptable Practice

Moss Lane School follows the DfE guidelines with regard to unacceptable practice. It is unacceptable 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.

Further Information and Guidance

Further information and guidance are contained within the DfES and Department of Health guidance: 'Managing Medicines in Schools and Early Years Settings' (March 2005) and the DfE statutory guidance 'Supporting pupils at school with medical conditions' (September 2014) and Supporting Pupils with Medical Conditions Surrey Guidance (January 2016.)

Complaints about policy and procedures in administering medicines should be referred to the head teacher initially for discussion. A formal complaint may also be made to the school or DfE (if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted).

This policy also links to our policies on
Safeguarding
Health and safety
PSHE
Drug and Alcohol Education
Intimate care

For recommended further reading and information see:

- ☐ Department of Health Chart "Guidance on Infection Control in Schools and other childcare settings"
- ☐ Health and Safety in Schools" leaflet (NUT Sept 1989).
- ☐ Circular 199/96 (Health and Safety) "Supporting Children with Medical Needs" (NUT Nov 1996).
- ☐ DfE Guidance "Supporting Children with Medical Needs."
- ☐ "Guidance for the Management of Meningococcal Disease in Surrey" Surrey Communicable Disease Control Service

Administration and Control of Medicines in Care Homes and Children's Services