

THE DOVE-SHELL FEDERATION

East Crompton St James' CE (VA) Primary School

St Thomas' Moorside CE (VA) Primary School



Policy for Supporting children with medical conditions at school.

Date of Policy / Reviews	Author(s)	Approved by Gov. Body	Signed	Date for review
September 2017	A.Laskey			Sept 2018

Aims of the policy

The aim of this policy is to ensure that all children with medical conditions, related to 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.

The policy will be reviewed regularly in line with statutory guidance and advice and be readily accessible to parents and school staff, both electronically and in paper form.

Pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well.

Pupils at school with medical conditions should be well supported so that they have full access to education, including educational visits and physical education.

Roles and responsibility

Governing bodies **must** ensure that arrangements are in place in schools to support pupils with medical conditions. They should ensure that school leaders consult health and social care professionals alongside pupils and parents to ensure that the needs of children with medical conditions are effectively supported. It is the Governing Body's responsibility to ensure that arrangements are made to effectively implement the policy, including appointing a named person who has overall responsibility for this policy. This person will be the Federative Inclusion Lead.

The named person will ensure that there are:

- sufficient staff, relevantly trained by specialist medical professionals.
- Relevant staff are made aware of the child's condition
- cover arrangements in place in case of staff absence
- briefing for supply teachers
- additional risk assessments for school visits/residential and other school activities outside of the normal timetable
- monitoring of Individual Health Plans (IHP)
- relevant transitional arrangements in place to meet individual needs working closely with specialist medical professionals

The responsibility of the Executive Headteacher

To ensure that this policy is implemented.

The responsibility of school 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 should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training 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. Staff must not give prescription medicines or undertake health care procedures without appropriate training.

The responsibility of healthcare professionals

School health services are responsible 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. Their role may involve supporting staff to implement a child's individual healthcare plan and provide advice and liaison, for example on training. Specialist nursing teams are available to provide support for children with particular conditions e.g. asthma, diabetes and epilepsy and will provide training for all staff where required.

The responsibility of pupils

When able, pupils should be encouraged to provide their own information about how their own condition can affect them. They can contribute to their own IHP. Other pupils should be sensitive to the needs of those with medical conditions.

The responsibility of parents/carers

Parents and carers **must** provide the school with sufficient and up-to-date information about their child's medical needs. Parents should contribute to their IHP and carry out any necessary action, e.g. provide correct medication and equipment.

The responsibility of local authorities (LAs) Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). 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.

Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups commission other healthcare professionals such as specialist nurses. 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 well-being of children so far as relating to their physical and mental health, and their education, training and leisure time. 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.

Implementation of Individual Health Plans

It is the role of the Governing Body to ensure that IHP's support pupils at school with medical conditions. The IHP will provide clarity about what needs to be done, when and by whom. The IHP is written in agreement with the school, parents and healthcare professionals. The plan should be reviewed, at least annually or earlier if needed, by the same individuals. However, if consensus cannot be reached, the Executive Headteacher is best placed to take the final view. Plans should capture the key information and actions which are required to support the child effectively. In the case of a child having an IAP (Individual Assessment Plan) then the IHP should be attached.

Individual Health Plans should be stored so they are easily accessible whilst preserving confidentiality.

The IHP (Individual Health Plan)

The plan should contain:

- information about the medical condition
- the pupils' resulting needs, including medication and other treatments
- the level of support needed
- accommodation to be made to meet individual needs
- who will provide this support and when it will be provided
- who needs to be made aware that the pupil requires this support
- written permission for medication to be administered
- arrangements to be made for trips and other school activities, outside the normal school timetable
- what to do in an emergency, e.g. arrangements for transporting to hospital, home
- Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Medical conditions and Special Education needs and disability

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

Staff training

The Governing body should ensure that sufficient staff have received the necessary training and are competent before they take on responsibility to support children with medical conditions.

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions, training from specialist health professionals is required.

Managing medicines

The Governing Body should ensure that the school's policy should be clear about the procedures to be followed for managing medicines. Any procedures the school has in place should reflect the following details:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances 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. Schools should set out the circumstances in which non-prescription medicines may be administered

- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents/carers should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- We should 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.
- All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. 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, e.g. on school trips
- Schools should keep controlled drugs in a non-portable container and only named staff should have access.
- School staff may administer drugs to the child for whom it has been prescribed. Records should be kept of who it was administered by and why. Any side effects should be noted. When no longer required medicines should be returned to the parents for safe disposal.

In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient.

Record keeping

The Governing Body should 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 should be informed if their child has been unwell at school.

If a child has an IHP it should be stated what constitutes an emergency and what needs to happen, 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 hospital treatment is needed, staff will stay with the child until the parents/carers or emergency services arrive and provide relevant details.

School trips and Outdoor activities

All children should be allowed to participate. A risk assessment is essential to outline additional arrangements and make reasonable adjustments.

Admission arrangements

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

Procedure to be followed when notification is received that a pupil has a medical condition

Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support. For children starting at a new school, arrangements should 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 should be made to ensure that arrangements are put in place within two weeks. Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Other issues for consideration

Defibrillators

Sudden cardiac arrest when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Schools are advised to consider purchasing a defibrillator as part of their first-aid equipment. DfE has put arrangements in place to assist schools in purchasing defibrillators at reduced cost. If schools install a defibrillator, they should notify the local NHS ambulance service of its location. Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike.

Asthma

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

- The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

- This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.
- Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

Protocol for emergency inhalers

- arrangements must be clear for the supply, storage, care, and disposal of the inhaler and spacers in line with the federation policy on supporting pupils with medical conditions
- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
- having written parental consent for use of the emergency inhaler. This could be included as part of a child's individual healthcare plan if one is in place
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use
- appropriate support and training for staff in the use of the emergency inhaler in line with the policy on supporting pupils with medical conditions
- keeping a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler
- having at least two volunteers responsible for ensuring the protocol is followed.

Liability and Indemnity

The school governors are responsible for the appropriate level of insurance. This is accessible to staff and ensures that they are adequately covered, to provide medical support when needed. In the event of a claim of negligence civil actions would be likely to be brought against the employer.

Complaints

Any complaints should be discussed directly with the school Executive Head teacher. In most cases the issue can be resolved. Parents can refer to the school's complaints procedure if they are not satisfied. In extreme cases there is an option to seek further legal advice.