

ASTON FENCE J & I SCHOOL



**SUPPORTING PUPILS WITH MEDICAL
NEEDS POLICY**

March 2020

Summary

This document contains both statutory guidance and non-statutory advice.

The statutory guidance applies to any “appropriate authority” as defined in section 100 of the Children and Families Act 2014. That means governing bodies in the case of maintained schools, proprietors in the case of academies and management committees in the case of pupil referral units (PRUs).

Statutory guidance is set out in **bold** text, and “appropriate authorities” **must** have regard to this when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities.

The rest of the text is non-statutory advice to other persons or bodies who may have a role in helping to support pupils at school with medical conditions.

Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage.

This document replaces previous guidance on Supporting Pupils with Medical Needs published in June 2012.

Expiry or review date

This document will be reviewed in March 2021.

What legislation is this guidance issued under?

Section 100 of the **Children and Families Act 2014 places a duty on** governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

In meeting the duty, the governing body, proprietor or management committee **must** have regard to 1 guidance issued by the Secretary of State under this section. Section 100 will come into force on 1 September 2014.

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Introduction

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance in this document is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice.

This policy has been developed by the school's Governing Body and reflects guidance written in accordance with the Department for Education and Employment's guidance, "Supporting Pupils at School with Medical Conditions (December 2015).

The aim is to ensure that all children with medical conditions, in terms of 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. This policy sets out how the school intends to manage the arrangements for supporting children with medical needs in school. Most children with medical needs are able to attend school regularly and, with support, from the school, take part in most routine activities, whilst others with more significant medical needs require an Individual Health Care Plan (IHCP) to be drawn up. This policy also provides information on the administration of medicines in school.

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because 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. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that this school provides effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, the school will consult with the relevant local health services to help them. It is crucial that the school receives and fully considers advice from healthcare professionals and listens to and values the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy), also will be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be disabled. Where this is the case the governing body **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs and disabilities (SEND) 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 SEND, this guidance should be read in conjunction with the SEND code of practice.

The Role of the Governing Body

The governing body should ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

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 should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, the governing body should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The Governing body should ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

The Governing body should ensure that the school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

The Governing body should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- monitoring of individual healthcare plans.

The Governing body should ensure that the school's policy sets out the procedures to be followed whenever a school is notified 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 pupil's 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.

The school does 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.

The Governing body should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

Individual healthcare plans can help to ensure that the school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases 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 should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher 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 at Appendix A.

They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should 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 SEND but does not have an EHC plan, their special educational needs should be mentioned in 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 should 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. Pupils 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 should 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 an EHC plan, the individual healthcare plan should be linked to or become part of that EHC plan.

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

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 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, 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.

The governing body should 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.

The Governing body must 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. They should ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life.

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

Supporting Children at School with Medical Needs

The school's responsibilities

1. The designated member of staff for ensuring that the school's policy is developed and effectively implemented with partners is the Headteacher, Mrs Dawson. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
2. The Headteacher is responsible for medicines/medical care and she will initiate Individual Health Care plans where this is recommended by a Health professional or if the school feels that one is appropriate, and arrange for staff training as necessary.
3. When the school receives notification that a child has a medical condition then the Headteacher will arrange a meeting with the child's parent to decide whether an IHC plan is appropriate. The Headteacher will consult with the school nurse and other healthcare professionals.
4. She will ensure that all staff, who need to know, are aware of that child's condition. She will ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
5. Any arrangements for children with medical needs participating in off-site school activities will be overseen by the Headteacher. Procedures are in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change, and arrangements for any staff training or support. For children starting at a new 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.
6. The Headteacher will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. Provided that correct procedures are followed, staff will normally be fully covered by their employer's public liability insurance in the event of a claim. If legal action over an allegation of negligence were pursued, the employer rather than the employee is likely to be held responsible.
7. The school 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.
8. The Headteacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day. The acceptance of responsibility may depend, however, upon the nature of any individual needs. 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 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.

9. Where a Health professional advises that an Individual Health Care Plan is required for a child with significant medical needs, for reasons of confidentiality details are likely to be kept in the school office and in the staffroom to enable staff to be alerted to this information.
10. Ordinarily, the school policy does not allow for children to carry their own medicines, except where children self-medicate in an emergency, e.g., asthma inhalers, Epipens. All other medicines should be handed in to Mrs Taylor or Mrs Montisci in the school office.
11. In some circumstances, e.g. severe allergic reaction, which may require the immediate administration of medicines, those staff who have volunteered will receive training.
12. The Headteacher will ensure that cover arrangements are in place in case of staff absence or turnover to ensure that someone is always available to care for that child.
13. A briefing for supply staff will always be provided and a copy of a child's IHC plan will be placed in the class supply folder.
14. Individual children's inhalers, epipens and first aid equipment are stored in a clear, plastic box in their classroom's stock cupboard. During PE/games lessons, staff will ensure the box is taken with the class to enable quick access if required.

The responsibilities of Parents

1. Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Whilst we encourage regular school attendance, children who are acutely unwell should not be sent to school.
2. Parents/carers should try to ensure that their child's medication is taken out of school hours wherever possible.
3. Where children are required to take medicines during school time, written permission using the appropriate form – Appendix C - must be given. Information providing details of the dose and frequency should be given to Mrs Taylor or Mrs Montisci together with the medication.
4. If parents/carers prefer to administer medication themselves to their children during school time, they should discuss the arrangements for this with Mrs Taylor or Mrs Montisci.

5. Parents/carers should ensure that they provide the school with emergency contact(s) where they or a nominated person can be contacted should their child become ill.
6. Parents should regularly check the expiry date of medicines: the responsibility for collecting expired or unwanted medicines lies with the parents/carers. School will periodically check medicines held at school and parents/carers will be contacted. They should make arrangements to collect and dispose of such medicines.
7. Where a pupil has a significant medical need and health professionals advise that an Individual Health Care Plan is required, parents/carers will be expected to participate fully in providing information in relation to the medical condition, agreeing and signing the plan for their child.
8. Parents/carers should inform the school as soon as possible of any changes in their child's condition or treatment.
9. Whilst we will endeavour to maintain confidentiality, in some cases in the interests of pupil's safety, information about their condition and treatment will be made available to staff in areas where pupils do not normally have access. In these cases, the permission of parents/carers and pupil will be sought.
10. **All** medicine (except that which may be required to be taken in an emergency) needs to be handed in to the school office and a member of staff will supervise the taking of it. Children should **never** give their medicine to anyone else

The responsibilities of pupils

1. Whilst we encourage regular school attendance, children who feel very poorly before leaving home in the morning, should ensure they tell their parent/carers who can then decide whether they are well enough to attend school.
2. Prescribed medicine should be taken out of school hours if possible. However, if medicine is required to be taken during school hours it should be brought by an adult, together with written information on the dose and frequency, and given to Mrs Taylor or Mrs Montisci in the school office.
3. Where a child of sufficient understanding has a significant medical need which requires an Individual Health Care Plan, the child will be invited to participate in drawing up and agreeing the plan.
4. Whilst the school will try to maintain confidentiality, in the interests of safety, some medical information relating to the condition and treatment may be required to be made available to the staff in school. This will be discussed when drawing up the Individual Health Care Plan.

Individual Healthcare Plans

The Headteacher is responsible for the development, implementation and review of IHP's.

Some children have medical conditions which are more long term and require proper management to enable continued access to education. Pupils with such conditions are regarded as having **medical needs** and although most can attend school regularly, they may need some support from the school to enable them to participate in most normal school activities. School staff may need to take extra care in supervising some activities to ensure that the safety of these and other pupils is not compromised.

It is the policy of Aston Fence J&I School to draw up an IHP, to ensure the safety of such pupils. It should be noted that not all pupils who have medical needs will require a health care plan. The Headteacher, in consultation with the school nurse will decide which pupils require such a care plan.

An individual health care plan for a pupil with medical needs is used to identify the level of support that is needed at school. The care plan clarifies for staff, parents and the pupil, the help that the school can provide and receive, and will be written and agreed between the school, the child's parents, the school nurse, the child's medical carers (e.g. one-to-one carer), and where appropriate, the child. The care plan will set out in detail the measures needed to support a pupil in school, including preparing for an emergency situation. The school will review the care plans on an annual basis.

Health care plans may identify a need for further information for school staff on specific conditions and/or training needs for dealing with emergency situations or administering injections etc. Any staff who volunteer to assist pupils with medical needs must receive appropriate training. Unless school staff have received the appropriate training, they should not administer medication to pupils.

It is understandable that some staff are reluctant to volunteer to administer intimate or invasive treatment due to the nature of the treatment, or fears about accusations of abuse. Staff will not be made to feel pressurised to assist in treatment; it will be the choice of the member of staff. In order to minimise the potential for accusations of abuse the school will arrange for two adults, one the same gender as the pupil (whenever possible), to be present for the administration of intimate or invasive treatment. The school will ensure that, at all times, that the dignity of the pupil is maintained as far as possible, even in an emergency situation.

Each pupil with an individual healthcare plan will have a named member of staff who will be responsible for the care plan. Generally, this will be the Headteacher or Assistant Headteacher. This ensures that everyone involved is aware of who is the first point of contact.

To ensure that the IHP continues to work effectively, regular informal monitoring will take place between the home and the school. Also, the position regarding the IHP will be flexible because it is common for a child's circumstances to vary and for some conditions to change.

Confidentiality

Information contained within the IHP's will be treated in confidence and be used for no other purpose than for the school to establish a good support system. Agreement will be made between the Headteacher and the parents, who else should have access to the care plan and other information about the pupil. If information is withheld from staff

they should not generally be held responsible if they act incorrectly in giving medical assistance. The Headteacher will ensure that any new staff or supply teachers know about a pupil's medical needs. The parents of Year 6 pupils will be asked if they consent to the IHP being sent to the secondary school on transfer.

Sometime it will be appropriate for a photograph to be kept with the child's Individual Health Care Plan. Normally these will be displayed in areas where pupils have restricted access e.g. staffroom and school office. This will be discussed with parents/carers and pupils as appropriate.

Staff training and support

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

- 1. Any member of school staff providing support to a pupil with medical needs will have received suitable training.**
2. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.
3. This will have been identified during the development or review of individual healthcare plans. If some staff may already have some knowledge of the specific support needed by a child with a medical condition then extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
4. Training will ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. The school will ensure that they have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 5. Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).** A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
6. A record of who delivered the training and who received the training will be kept by the school. A date for review of further training will be agreed at the first training session. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
7. Each year whole school awareness training will be arranged so that all staff are aware of the school's policy for supporting pupils with medical conditions and their

role in implementing that policy. New staff will receive a copy of this policy upon commencing employment. The school will seek advice from relevant healthcare professional on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

8. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.
9. If a serious medical incident occurs in school, a debriefing session will be arranged in school.

The child's role in managing their own medical needs

Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

Wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Managing medicines on school premises

The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

1. When the school receives a request from a parent to administer medicine during the school day then the following procedure will apply:
 - The parent will be asked to complete the permission form
 - The medicine will be stored securely as required
 - A record will be kept of all medicines administered to children
2. No child under 16 will 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.

3. **No pupil will knowingly be given medication containing Aspirin unless it is prescribed by a doctor, as it may cause serious illness in young people.** Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.
4. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
5. 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 inside an insulin pen or a pump, rather than in its original container.
6. All non-emergency medicines are stored safely in a cupboard in the school office. Children will know where their medicines are at all times and they will be informed how they can access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and kept in the class stock cupboard not locked away. Medicines that need to be refrigerated will be stored in the fridge in the staffroom.
7. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
8. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.
9. 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.

Record keeping

Governing bodies should ensure that written records are kept of all medicines administered to children.

The school will keep records on the SIMS system, child's SEN file and in the medical book kept in the school office. Examples of records are as follows:

- Medication administered

- Individual Health Care Plans
- Notification from parents/carers giving consent regarding medication issued
- Training records
- All records referred to in this policy will be kept separately and copied to the pupil's main file.
- These records will be transferred with the child to subsequent schools throughout their school career.

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

Information from parents/carers concerning the administration of medicines for children in school will be received by Mrs Taylor or Mrs Montisci, who will keep a record of medicines administered (both prescription and non-prescription) and will ensure medicines are stored appropriately. They will maintain a register of all pupils at the school who have significant medical needs. Mrs Taylor or Mrs Montisci will inform parents/carers where their child refuses to take medication prescribed.

They will inform parents/carers if any expired/unwanted medicine has been left in school and requires collection. For children in the Foundation Unit, the same procedures will apply and will be overseen by Mrs Taylor or Mrs Montisci.

Emergency procedures

Governing bodies should 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 explain what to do, 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 a child needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Day trips, residential visits and sporting activities

Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments

as required unless evidence from a clinician such as a GP states that this is not possible.

The school will consider what reasonable adjustments need to be made to enable children with medical needs to participate fully and safely on visits. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. Parents and pupils will be consulted and advice from the relevant healthcare professional sought to ensure that pupils can participate safely.

Medicines and emergency first aid kits will accompany the children on all visits. Children will keep their own individual inhalers and epipens with them and used under staff supervision. A member of staff will be responsible for the emergency first aid kit.

Unacceptable practice

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.

Although school staff will use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not 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

Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

Insurance arrangements are in place which covers staff providing support to pupils with medical conditions. A copy of the policy is available to staff upon request.

The Insurance Policy provides liability cover relating to the administration of medication. Where necessary individual cover may need to be arranged for any health care procedures. The level and ambit of cover required will be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained will be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Complaints

Governing bodies should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Should parents or pupils 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.

SUMMARY

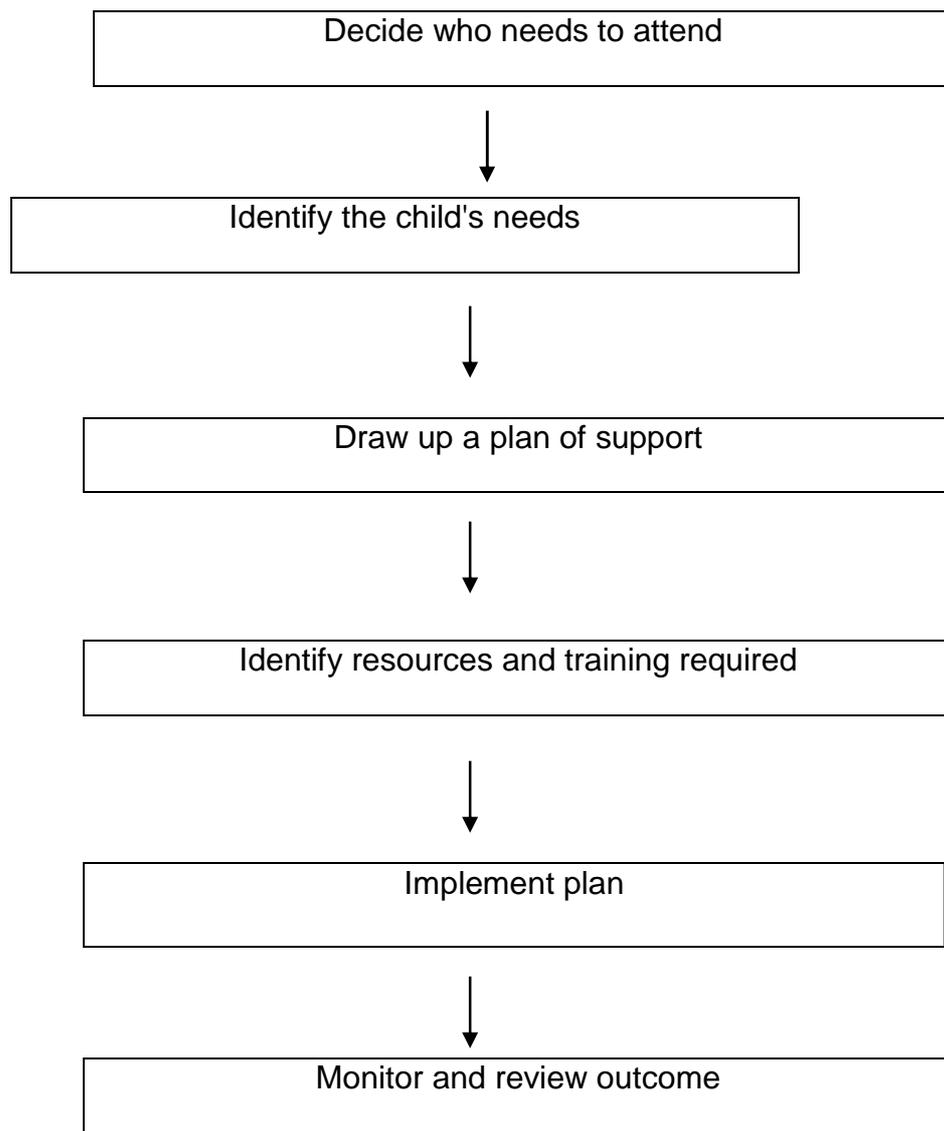
1. Pupils who have long term medical conditions that require proper management to enable continued access to education are regarded as having Medical Needs.
2. The school will draw up Individual Healthcare Plans (IHP) for such pupils.
3. Not all pupils with medical needs require an IHP.
4. The Headteacher, following discussion with the school nurse, will decide if a pupil requires an IHP.
5. Once it has been decided that a pupil requires an IHP, the plan will be written and agreed between the school, the parents, the pupil (where appropriate), the school nurse and the child's medical carers (e.g. one-to-one carer).
6. Generally, IHP's will be reviewed annually, but this will be agreed with the parents.
7. Information contained within the IHP's must be treated in confidence.
8. The Headteacher and the parent must agree who else may have access to the IHP and other information about the pupil.

9. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance.
10. The Headteacher will ensure that any new staff are made aware of a pupil's medical needs.
11. Any staff who volunteer to assist pupils with medical needs will receive appropriate training.
12. Unless school staff have received appropriate training, they must not administer medication to pupils.
13. Each pupil with an IHP must have a named member of staff who is responsible for the care plan e.g. Headteacher, deputy Headteacher.
14. An example of the form in Appendix B will be used to record those pupils who require an IHP.

Model process for developing individual healthcare plans

IHP FRAMEWORK

Once it has been decided that a pupil requires an IHP, the school will use the following framework which highlights the stages involved in drawing up and operating an individual healthcare plan.



Individual Healthcare Plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

ASTON FENCE J & I SCHOOL
Medicine Form

Name of Child.....Date.....

Name of Medicine.....

Amount to be taken.....

Time to be taken.....

Signed.....Parent/Guardian