



The Eliot Bank and Gordonbrock Schools Federation

Supporting Pupils with Medical Needs

**Policy Agreed: January 2016
Amended: January 2017**

DfE Statutory Guidance 'Supporting pupils at school with medical conditions' December 2015 has been used to develop this policy.

The persons responsible for the implementation of this policy are:

- the Head of School (HOS) and
- the Teaching Assistant – Resources (RTA)
- SENCO

1. Aims

To ensure pupils at school with medical conditions are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.

To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

2. Policy Implementation

The persons named above are responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities outside the normal timetable are carried out
- individual health care plans are monitored (at least annually)
- transitional arrangements between schools are carried out

3. Procedure

If a child is transferring from another school we will liaise with staff from that school to ensure transition is as smooth as possible.

For children new school to school induction meetings and/or home visits give the opportunity for any medical conditions to be identified. Every attempt will be made to ensure that arrangements are 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 to enable the child to attend school without delay.

The time period will be strongly influenced by any training requirements and/or recruitment of staff.

When the school is notified that a pupil has a medical condition the school, healthcare professional and parent will meet to decide, based on evidence, whether an individual healthcare plan (IHP) would be inappropriate or disproportionate. If consensus cannot be reached, the HOS is best placed to take the final view.

3.1 Procedure for children who do not need an IHP

- If medication is required in school time a 'Request for Storage and Administration of Prescribed Medicine' Form (Appendix A) must be completed and signed by the Parent/Carer and the HOS

3.2 Procedure for children who need an IHP

- Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg 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 level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.
- Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

The following information should be considered when writing an individual healthcare plan:

- the medical conditions, it's triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues;
- specific support for the pupil's educational, social and emotional needs;
- the level of support needed including in emergencies;
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements;
- who in school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the head of school for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision);

- 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;
- confidentiality;
- what to do if a child refuses to take medicine or carry out a necessary procedure;
- what to do in an emergency, who to contact and contingency arrangements; and
- where a child has SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

4. Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support of the child.

4.1 The Governing Body

- must make arrangements to support pupils with medical conditions and ensure policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

4.2 The Head of School

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHP's, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHP's
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the nurse

4.3 School Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions

- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

4.4 School Nurses

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

4.5 Other Healthcare Professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

4.6 Pupils

- should, whenever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP
- after discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicine and procedures. This will be reflected within individual healthcare plans
- Children will be told where their medicines/devices are stored so that they can be accessed for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures will be supervised.

4.7 Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation

5. Notes

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 generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;

- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg 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; and
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

6. Managing Medicines on School Premises

Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so, [Appendix 1, Procedure for Administering Medication and Storage and Disposal of Medicine.](#)

6.1 Non-Prescribed Medicines

The school will only store or administer medicines that have been prescribed by a medical practitioner. Over the counter medication such as Calpol, Piriton or cough medicines cannot be store or administered. Parents/Carers must make arrangements to come into school if they wish to administer these medicines.

6.2 Prescribed Medicines

The School accepts the responsibility to administer prescribed medicine. It is recognised, however, that no member of staff can be required to administer medicines.

Medicines will be administered to children in the following circumstances:

- The child has a specific medical condition which makes it essential the medicine be administered within school hours e.g. 4 dose antibiotics.
- This has been discussed with the parent/carer and the responsible member of staff.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist. 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.

- A request form ([See Appendix 2, Request for Storage & Administration of Prescribed Medicine](#)) has been completed in full and signed by the parent/carer. The request form includes:
 - Name of child
 - Name of medicine
 - Dose
 - Method of administration
 - Time/frequency of administration

7. Emergency Procedures

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, we will endeavour to contact the parent/carer immediately.

Staff will stay with the child until the parent arrives at school, or if this is not possible, accompany a child taken to hospital by ambulance.

8. Day Trips, Residential Visits and Sporting Activities

A risk assessment will be conducted for any child with a medical condition prior to the trip, residential visit or sporting activity.

All reasonable adjustments will be made to enable the child to participate fully.

The responsible TA will ensure all medication is available and that responsible staff are briefed.

9. Liability and Indemnity

The school has full public liability insurance in arrangement with the Local Authority.

10. Complaints

See Complaints and Concerns policy

Appendices

- Appendix 1 [Procedure for Administering Medication and the Storage & Disposal of Medication](#)
- Appendix 2 [Request for Storage & Administration of Prescribed Medicine](#)