



# Court Moor School

## POLICY ON SUPPORTING STUDENTS WITH MEDICAL CONDITIONS

Date reviewed by SLT	Spring 2016
Date reviewed by Behavior & Safety Committee	Spring 2016
Date of next review	Spring 2019

## **Aims**

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. The Department of Education has produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour 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 in school so that they can play a full and active role in school life, remain healthy, stay safe 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 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.

## **Definitions**

Students' medical needs may be broadly summarised as being of two types:

- (a) Short-term affecting their participation in school activities while they are on a course of medication or suffering from a temporary disability (e.g. using crutches).
- (b) Long-term potentially limiting their access to education and requiring extra care and support.

A medical condition that is long term with acute episodes, will require ongoing support, and may involve the need for medication and/or care for the student whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Examples of medical conditions include anaphylaxis, asthma, cystic fibrosis, diabetes and epilepsy. Some students with medical conditions may be disabled or may have special educational needs (SEN).

## **Statutory Duty of the School**

A Department for Education imposed statutory school policy (from September 2014), based upon Section 100 of the Children & Families Act 2014.

## **Policy Into Practice**

### **Local Arrangements**

The Headteacher on behalf of the Governing Body will ensure that:

- i. Arrangements are in place to support students with medical conditions. In doing so, s/he should ensure that such children can access and enjoy the same opportunities at school as any other child. The school should call upon expertise available at, for example, the Local Authority, health care professionals and other support services to ensure that children with medical conditions receive a full education.
- ii. The school's leaders liaise with health and social care professionals, students and parents to ensure that the needs of children with medical conditions are effectively supported. The needs of each individual child must be considered and how their medical condition impacts on their school life.
- iii. The arrangements put in place are sufficient to meet its statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented, aligned with their wider safeguarding duties.
- iv. Students with medical conditions are identified as they transfer to the school and through the ongoing annual data check process; similarly, transition as the student leave the school and enters post 16 education. Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.
- v. Parents / carers are given access to suitable communication channels with members of the school staff to update the school with their child's particular medical needs and that the students themselves have the opportunity to discuss their medical condition with nominated members of staff.
- vi. Medication provided by parents / carers or other healthcare providers to be stored securely, yet accessible and clearly labelled.
- vii. Individual healthcare plans (IHPs) shall be written and reviewed annually or more frequently for every student that is identified with a medical condition.
- viii. Key staff are aware of their responsibilities and are properly trained to provide the day to day support that students with medical conditions need, and appropriately trained to deal with emergency situations that might arise.
- ix. Accurate and up to date written medical records are kept on each student with a medical condition, including the administration of medicines.

### **Roles and Responsibilities**

Besides the Headteacher, the key members of staff directly connected to this policy and students with medical conditions are:

- 5 Assistant Headteachers with year group pastoral responsibilities (AHT)
- 5x Heads of Year Achievement & Progress Coordinators (HoY)
- 1x Director of Intervention & Inclusion / SENCo
- 3x Pastoral Support Coordinators (PSCs)
- 1x First Aid Lead (Matron)
- 1x First Aider
- 1x Head of Support Studies
- 1x Post 16 Transition Coordinator
- All Learning Support Assistants

### Staff Responsibilities

<b>Responsibility</b>	<b>Who</b>
Identify students with medical conditions as they transfer to the school	Y7 HOY; Y7 PSC; Matron
Arrange for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours.	Matron
Review (Write) the Individual Healthcare Plans	Parent & medical staff to liaise with HOY, PSCs; DII / SENCo;
Liaise as necessary with external healthcare and other professional services	DII / SENCo; HOY
Liaise with parent / carer	HOY; PSC; Matron
Deliver training to Key Staff about the individual medical conditions	DII / SENCo; Head of Support Studies
Awareness training to all school staff	DII / SENCo
Emergency First Aid training for Key Staff	Matron
General pastoral care	HOY; PSCs;
Medication storage and administration	Matron
Record keeping	PSCs; Matron
Risk assess separate arrangements to allow students with medical conditions to participate in school trips and other school based activities	HOY; Ed Visits Coordinator
Transition to post 16 education	Post 16 Transition Coordinator; HOY

## **Individual Health Care Plans**

We recognise that Individual Healthcare Plans are recommended in particular 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 will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Director of Intervention & Inclusion / SENCo ("DII") and the Head of Year (Support Studies) to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The DII will work in partnership with the parents/carer, and a relevant healthcare professional e.g. school specialist or children's community nurse, who can give best advice on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education providers to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Individual health care plans will include the following:

- i. the medical condition, its triggers, signs, symptoms and treatments
- ii. 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 eg crowded corridors, travel time between lessons
- iii. 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
- iv. 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
- v. 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

- vi. who in the school needs to be aware of the child's condition and the support required
- vii. 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
- viii. 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
- ix. where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- x. 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 DII will ensure that a log of individual health care plans is maintained and that annual or more frequent reviews of individual health plans if the child's needs have changed will be made.

### **Staff Training**

All staff nominated with specific roles and responsibilities will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy by attending a training session delivered by the DII. This training will be carried out annually or more frequently to coincide with any policy change.

General awareness training will be provided to all other staff by attending a training session delivered by the DII. This training will be carried out annually or more frequently to coincide with any policy change.

All new staff will be inducted on the policy when they join the school through small group induction training delivered by the DII.

Evidence that staff have been provided with the relevant awareness training on the policy will be collated on sign sheets maintained by the DII.

Where required the school will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where additional training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

## **The Child's Role**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines plan, but self-administration of medicines will always occur under the supervision of Matron or another adult first aider. Such arrangements will be recorded in the child's individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

Other than in specific cases children will not carry their own medicines, the exception being relevant devices when there is a need to have easy access to allow for quick self-medication. The school will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

## **Management and Storage of Medicines on School Premises**

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

The school will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, the school will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is The Children's Services Medication Tracking Form.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

The school will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Children who are able to use their own inhalers themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner.

We will only administer non-prescribed medicines on approval of the parent(s) and if the medication is in clearly identifiable packaging and only on a short term basis (Where the school have concerns they will seek further guidance from their link School Nurse).

It is our policy to give age appropriate doses of paracetamol to secondary age children as described on the packet, if written consent from the parents has been received in advance of administration. Such consent is normally sought as the student enters the school and will last for the duration of their schooling at Court Moor. We will check with the student that they have not previously taken any medication containing paracetamol within the preceding 4 hours and only give one dose.

We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered by Matron at the discretion of the Headteacher.

Emergency medicines will be stored in a safe, locked location and the key location known to certain staff to ensure the medicines are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in a dedicated refrigerator in the medical room, in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

### **Disposal of Medicines**

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through Cannon Services who will remove them from site monthly.

### **Medical Accommodation**

The Medical Room in Library Block will be used for all medical administration/treatment purposes. The location/room will be made available when required.

### **Record Keeping**

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

### **Emergency Procedures**

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc., that the school holds).

## **Day Trips and Off-site Activities**

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **Other Arrangements**

- i. home to school transport – this is the responsibility of local authorities, who may, with parental consent, find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for pupils with life threatening conditions
- ii. defibrillators – sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. The school has a defibrillator, which is located in Reception.

## **Unacceptable Practices**

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice to:

- i. prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- ii. assume that every child with the same condition requires the same treatment;
- iii. ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- iv. 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;
- v. if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- vi. penalise children for their attendance record if their absences are related to their medical condition, eg. hospital appointments;

- vii. prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- viii. 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
- ix. 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**

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council's is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

### **Complaints**

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

### **Monitoring and review**

The school will review this policy every three years, or as required due to updates in Hampshire LEA guidance and assess its implementation and effectiveness.

### **Linked policies**

- First Aid and Administration of Medicines
- Accessibility