

SUPPORTING PUPILS WITH MEDICAL CONDITIONS

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SLT responsible:	Headteacher
Signatures: Chair of Governor Headteacher	



FEARNHILL SCHOOL

1. Introduction

Fearnhill School is an inclusive community that supports and welcomes pupils with medical conditions. This school provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

2. Aims

- The school will listen to the views of pupils and parents/carers.
- Pupils and parents/carers to feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff to understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
- All staff to understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community to understand and support the medical conditions policy.

3. Objectives

Fearnhill School understands that all children with the same medical condition will not have the same needs; our school will focus on the needs of each individual child.

The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). 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, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or 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 policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

4. Roles and Responsibilities

This policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings, these being;

- pupils, parent/carers, school nurse, school staff, governors, and relevant local health specialist services – Appendix 2.

5. Policy

This policy is supported by a clear communication plan for staff, parent/carers and other key stakeholders to ensure its full implementation. Pupils, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels - Appendix 1.

All school staff, including temporary or supply staff, are aware of the medical conditions at the school and understand their duty of care to pupils in an emergency.

All staff receive training in what to do in an emergency and this is refreshed at least once a year.

All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

The school ensures that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.

All staff understand and are trained in the school's general emergency procedures.

All staff, including temporary or supply staff will be made aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. School nurses will provide annual training for common conditions e.g. asthma, allergies, epilepsy and diabetes.

If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

Fearnhill School has a clear guidance on providing care and support and administering medication at school – Appendix 4.

The school understands the importance of medication being taken and care received as detailed in the pupil's IHP.

The school will ensure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. The school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies.

The school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.

The school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.

When administering medication, for example pain relief, the school will check the maximum dosage, note when the previous dose was given and record on the medication record.

The school will ensure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

Parents/carers/carers at the school understand that they should let the school know immediately if their child's needs change.

If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

TO COMPLY WITH MANAGING MEDICINES IN SCHOOL POLICY

The school ensures that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc. are readily available wherever the child is in the school and on off-site activities, and are not locked away.

Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.

Pupils can carry controlled drugs if they are deemed competent to do so, otherwise the school will store controlled drugs securely in a non-portable container, with only named staff having access. Fearnhill staff can administer a controlled drug to a pupil once they have had specialist training.

The school ensures that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.

The school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.

The school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

Record keeping

As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.

The school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHP.

This school has a centralised register of IHPs and an identified member of staff has the responsibility for this register.

IHPs are regularly reviewed, at least every year or whenever the pupil's needs change. The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

The school ensures that the pupil's confidentiality is protected.

The school seeks permission from parents/carers before sharing any medical information with any other party.

The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff – Appendix 4.

Inclusion

The school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. The school is also committed to an accessible physical environment for out-of-school activities.

The school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

The school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.

The school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

The school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

All school staff understands that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.

The school will not penalise pupils for their attendance if their absences relate to their medical condition.

The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the Inclusion Leader who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

Pupils are aware of what to do in an emergency.

The school ensures that risk assessments are carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

Common Triggers that can make common medical conditions worse or can bring on an emergency.

The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

The school is committed to identifying and reducing triggers both at school and on out-of-school visits.

School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.

The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

The school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Roles and responsibilities in maintaining and implementing an effective medical conditions policy

The school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

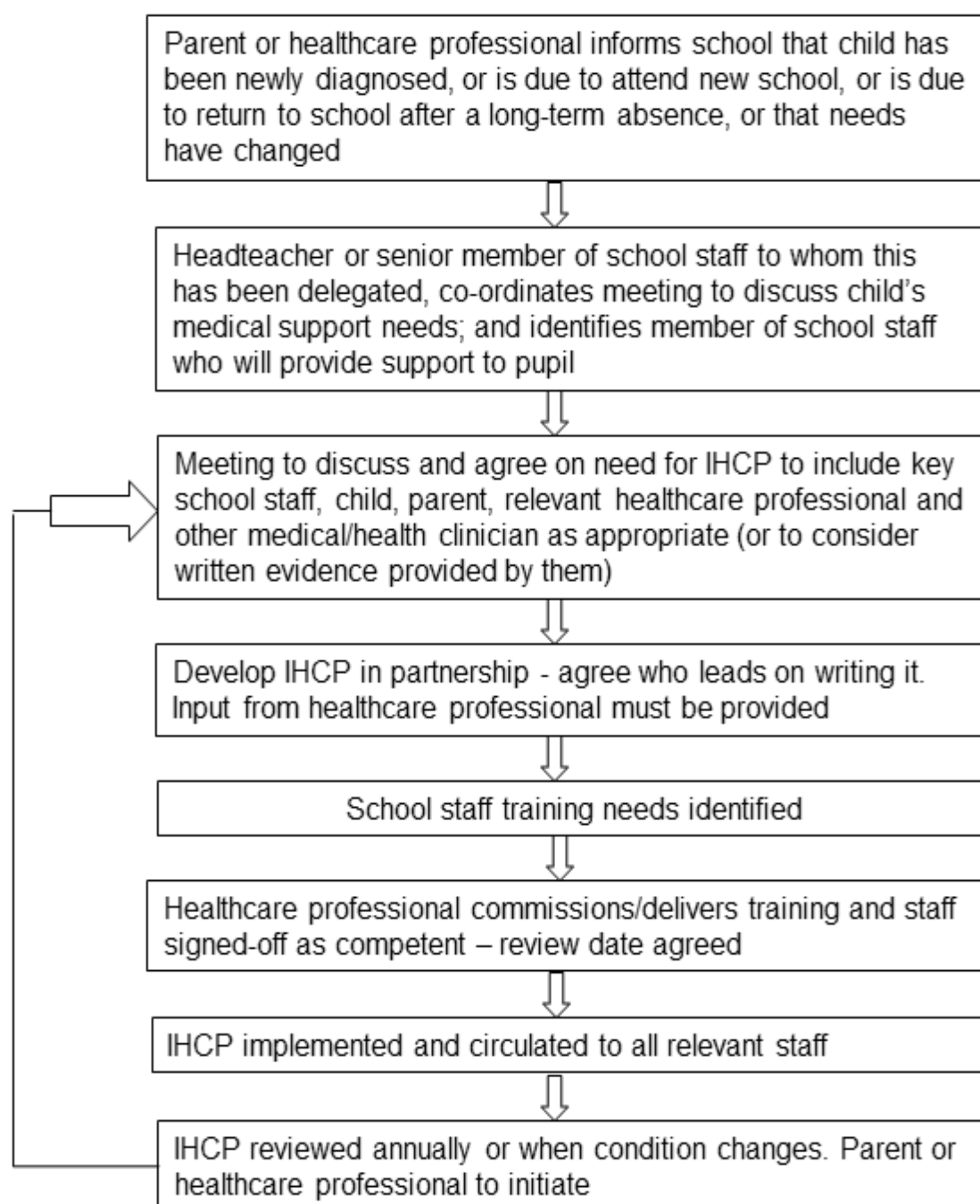
Key roles and responsibilities are outlined in Appendix 2.

Policy Review

In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.

Fearnhill School process for developing Individual Healthcare Plans (IHP)



Fearnhill School Roles and Responsibilities

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 pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies 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.

Headteacher

Should ensure their school's policy is developed and effectively implemented with partners. This includes ensuring all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure all staff who need to know are aware of the child's condition. They should also ensure sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should 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.

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 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.

School nurse

Every school has access to school nursing services. They 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 will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals

including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils

with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers

should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.



Individual Healthcare Plan (IHP)

Student Name:

Date of birth:

Gender:

Form:

Parent Contact Name: Phone No:

Medical diagnosis or condition:

Details of Condition

Medication required:

Details of Medication

If medication required, will this be during school hours?

Yes

No

☐
☐

Details of administration

Does the child 'care' for another family member?

Yes

No

☐☐

Details of 'care' given

Family Member

Nature of support

Doctors Information

Name of GP:
Name of Surgery:
Address:

Phone Number:

Clinic/Hospital Details

Name of Clinic/Hospital:
Address:

Phone Number:

Created

Reviewed

MEDICATION ADMINISTERED IN SCHOOL

[illegible]

Managing of Medication in School

Since September 2014 there has been a statutory duty for Governing bodies to make arrangements to support pupils at school with medical conditions. In conjunction with the school's Supporting Pupils with Medical Conditions, this Appendix sets out the school's process for managing medication in school.

Policy

Training

Staff will not administer medication or undertake healthcare procedures without appropriate instruction, information and training, this will be proportionate to risk and in line with any specific requirements detailed in pupil's individual health care plans (IHP).

If any specific training needs are identified as a result of the IHP (e.g. in relation to diabetes, anaphylaxis etc.), the school Nursing Service will be contacted for advice and provision in the first instance.

In order to continue to meet the care needs of individual pupils the school will consider cover arrangements and the potential impact of staff absence, offsite visits, extra-curricular activities etc. when determining the numbers of staff to be trained.

The school Business Manager will ensure that an appropriate level of insurance and liability cover is in place. For schools covered by HCC's insurance, trained staff would be covered for 'common' treatments such as the administration of oral medication, inhalers, epi-pens, pre-packaged doses via injection, etc.

The school Business Manager will contact insurance@hertfordshire.gov.uk for further advice and to ensure coverage for pupils with significant medical needs.

Administration of Medication

The school requests pupil medical information and updates regularly, the onus is on parents/carers to provide relevant and adequate information to the school.

Whilst as far as is reasonable parents/carers will be encouraged to provide support and assistance in helping the school accommodate pupils with healthcare needs, it is not generally acceptable to require parents/carers to attend school in order to administer medication or provide other medical support.

A documented record of **all** medication administered (both prescribed and non-prescribed) will be kept - Appendix 4 of Supporting Pupils with Medical Conditions Policy.

No child in Years 7-11 will be given any medication without their parent's written consent, except in exceptional circumstances.

IHP's will be reviewed annually Inclusion Leader, or sooner if the child's needs have changed in the interim. Details of medication requirements (dose, side effects and storage) will be detailed in the IHP – Appendix 3 of Supporting Pupils with Medical Conditions Policy.

School has a system in place to inform and update staff of the relevant content of pupils' IHPs (triggers, risks, emergency actions etc.).

If a child refuses to take medication, staff will not force them to do so but note this in the records and inform parents/carers as soon as possible.

If a pupil misuses their medication, or anyone else's, the school will inform their parent/carer as soon as possible and the school's disciplinary procedures are followed.

Prescribed Medication

If medication prescribed in dose frequencies which enable it to be taken outside of school hours e.g. medicines that need to be taken 3 times a day can be managed at home; parents/carers will be encouraged to ask the prescriber about this.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

The school will not accept medicines that have been taken out of the container nor make changes to prescribed dosages on parental instruction. In all cases the following information will be checked:

- Name of child
- Name of medicine
- Dosage
- Written instructions (frequency of administration , likely side effects)
- Expiry date

Controlled Drugs

Controlled drugs, such as Ritalin, are controlled by the Misuse of Drugs Act 1971 and these are strictly managed between the school and parents/carers.

The school will keep the amount of controlled drugs stored on site to a minimum and ensure a record is kept of the amount held.

Pupils can carry controlled drugs if they are deemed competent to do so, otherwise controlled drugs will be stored in a locked, non-portable container, and only specific named staff allowed access to it. Each time the drug is administered it will be recorded, including if the child refused to take it.

Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

Storage

Medication kept at the school will be stored safely and arrangements made for it to be readily accessible when required. Large volumes of medication will not be stored.

Pupils will at all times, know where their own medication is stored and how to obtain it.

Under no circumstances will medicines be kept in first-aid boxes.

Staff will review expiry dates of medication and notify parents/carers when further supplies are required. All emergency medicines (asthma inhalers, adrenaline pens, etc.) will be readily available whenever the child is in the school and **not locked away**. Protocols are in place to ensure that pupils continue to have access to emergency medication in situations such as a fire evacuation, etc.

Self-medication

Mature students should be encouraged to take responsibility for and manage their own medication. Those pupils deemed capable to carry their own medication/devices will be identified and recorded through the pupil's IHP in agreement with parents/carers.

Children who can take their medicines themselves or manage procedures may still require an appropriate level of supervision.

For emergency medication (e.g. asthma inhaler, adrenaline pen, etc.), the school will hold a 'spare' centrally in case the original is mislaid.

Non-prescription medication

Where non-prescription medicines are administered e.g. for pain relief, written consent will be obtained from parents/carers. A member of staff will supervise the pupil taking the medication and inform parents/carers where pain relief medication has been administered.

The administration of non-prescribed medication will be recorded in the same manner as for prescribed. Staff will also check the maximum dosage and when any previous dose was given.

A child under 16 should never be given aspirin-containing medicine, unless prescribed by a doctor. (There are links between the use of aspirin to treat viral illnesses and Reyes Syndrome, a disease causing increased pressure on the brain).

Disposal

Any unused medication will be recorded as being returned back to the parent/carer when no longer required. If this is not possible it will be returned to a pharmacist for safe disposal.

UN approved sharps containers will always be used for the disposal of needles or other sharps, these will be kept securely at school within medical room and if necessary provision made for off-site visits. All sharps boxes will be collected and disposed of by a dedicated collection service in line with local authority procedures.

Record keeping

The school will keep an accurate record of all medication administered, including the dose, time, date and member of staff supervising.

Offsite visits and PE

The school will encourage pupils with medical needs to participate in offsite visits. All staff accompanying such visits will be made aware of any medical needs and relevant emergency procedures.

Where necessary, individual risk assessments will be completed as part of the trip planning process.

The school will ensure that a trained member of staff is available to administer any specific medication (e.g. adrenaline pen, etc.) and that the appropriate medication is taken on the visit.

Medicines will be kept in their original containers (an envelope may be acceptable for a single dose- provided this is very clearly labelled).

Specific advice for offsite visits is provided by the Outdoor Education Adviser's Panel (OEAP) guidance doc 4.4d covering medication.

Any restrictions on a child's ability to participate in activities such as PE will be recorded in their IHP.

If any adjustments to activities or additional controls are required these will be detailed via an individual risk assessment or in daily use texts such as schemes of work/lesson plans to reflect differentiation/changes to lesson delivery.

If pupils need to take precautionary measures before or during exercise they will be allowed immediate access to their medicines. (e.g. asthma inhalers). Staff supervising sporting activities should be aware of all relevant medical conditions and emergency procedures.