

Medical Needs Policy

New End School

Date Completed: Spring Term 2018

Review Date: Spring Term 2019

Rationale

Section 100 of the Children & Families Act 2014 places a duty on all schools to make arrangements for supporting children with medical conditions, and in doing so they must have regard for the Department for Education's Supporting Children at School with Medical Conditions (DfE, 2014) statutory guidance. This policy outlines our approach to meeting the requirements of this guidance.

The administration of medicine is the responsibility of parents/carers. School staff has a professional and legal duty to safeguard the health and safety of pupils. They will wish to do all they can to enable children to gain the maximum benefit from their education and to participate as fully as possible in school life. Children have a right to be educated and should not be excluded purely as a result of requiring medication.

This does not imply a duty on head teachers or staff to administer medication. School staff, governors and parents are reminded that participation in the administration of medicines in schools is on a voluntary basis. Individual decisions on involvement must be respected. Punitive action must not be taken against those who choose not to volunteer.

These policy guidelines have been produced to support and protect staff to undertake the administration of medicines and to enable staff to act in an emergency. Camden Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training, and are following the SCCES guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful.

Aims of the Policy

We want 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 outlines how we will do this.

The Governing Body's Responsibilities

School governing bodies have a duty to ensure that these policy guidelines are implemented within their school.

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable, which includes:

- Preventing children from easily accessing their medication and administering their medication when and where necessary
- Assuming that every child with the same condition requires the same treatment
- Ignoring the views of medical evidence, or the views of children/parents
- Sending children with medical conditions home or prevent them from staying for normal school activities, unless specified in healthcare plans
- Sending children to the medical room/school office unsupervised or with someone unsuitable
- Penalise children for their attendance record, if related to a medical condition
- Prevent children from drinking, eating, or going to the toilet in order to manage their medical condition effectively
- Require parents to attend school to administer medication, or provide medical support to their child, including toileting.
- Preventing (or creating unnecessary barriers for) children from participating in any aspect of school life.

Governing bodies should also ensure that the appropriate level of insurance is in place, and appropriately reflects the level of risk. Additionally, they should ensure that there is a clear procedure around how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Definition of medical needs

1. Short-term – which may affect their participation in school activities, while they are on a course of medication.
2. Long-term – potentially limiting their access to education and requiring extra care and support (deemed special medical needs)

Some children with medical conditions may be disabled. Where this is the case the school will comply with its duties under the Equality Act 2010 and Special Educational Needs and Disability Code of Practice 2015 (Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities) Department of Health and Department of Education.

Some may also have special educational needs (SEND) and may have a statement, or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision.

Procedures to follow when notification is received of a medical condition

The school may be notified about a medical condition in a variety of ways. This notification may be from a parent, a healthcare professional or a previous setting if the child is moving or starting school. It may be newly diagnosed or it may be a change in an existing condition. It may come to the office the class teacher or the SENDCO. Whatever the circumstances, the following procedures should be followed:

1. The SENDCO should be informed of any information concerning a medical condition.
2. The SENDCO will pass the information on to the relevant members of staff.
3. A decision will be made about whether an individual healthcare plan would be appropriate. This decision will be made by the school, in consultation with the healthcare professional and parent if necessary.
4. If an individual healthcare plan is deemed necessary, then the SENDCO will begin the process of developing it as outlined below. The child's name will be placed on the medical needs register and the relevant information will be kept in the agreed places.
5. The SENDCO will discuss the child's needs with the school nurse.

For children starting at school, wherever possible, 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 the school, we will make every effort to ensure that arrangements are put in place within two weeks.

In line with national guidelines, 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, judgments will be made about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers.

Individual Healthcare Plans

Individual healthcare plans can help ensure that schools effectively support pupils with medical conditions. They should 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.

Once a child has been identified as needing an individual healthcare plan, the SENDCO will arrange a meeting between the parent, the school and the relevant healthcare professional. Pupils will also be involved wherever appropriate. During this meeting, the individual healthcare plan will be drawn up using the standard form. The aim of the plan is 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.

Each individual healthcare plan should include:

- 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/noisy conditions;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, 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, following written permission from parents/carers 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 visits 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 parents/carers or child, the designated individuals to be entrusted with information about the child's condition;
- 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.

Once the plans have been written, copies are kept in the classroom, the main office and with the SENCO. A short summary of the main points within the plan will be kept with the child's photo in the class or club register, the staffroom and the office and any supply teachers or club leaders will be made aware of any children with individual healthcare plans.

The school will ensure that the individual healthcare plan is reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their individual healthcare plan. Where the child has a SEND identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Staff training and support

Any member of staff providing support to a pupil with medical needs should receive suitable training. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventive measures. In most instances this will not involve more than would be expected of a parent or adult who gives medicine to a child. Training should be arranged by the Head teacher who will liaise as appropriate with those doctors responsible for the management and prescription of treatment, particularly in complex cases.

The training that is needed should be identified during the development or review of an individual healthcare plan. Some staff may have knowledge of the specific support needed by a child with a medical condition so extensive training may not be required.

The relevant healthcare professional, in many instances the school nurse, should lead on identifying and agreeing with the school the type and level of training required and how this can be obtained. This includes whole school awareness training, induction training for new members of staff and training for individually identified members of staff. In some circumstances the school may choose to arrange training themselves.

Regular Epipen and Asthma training will be available to all staff.

Staff must not give prescription medication or undertake health care procedures (e.g. changing tubes) without appropriate training (updated to reflect any individual healthcare plan).

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 not be the sole trainer.

The child's role in managing medical needs

We acknowledge that a child with a medical condition will often be best placed to provide information about how their condition affects them. Alongside their parent /carer, the children will be involved in their individual healthcare plan at an age appropriate level.

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Children who can take their medicines themselves or manage procedures will be supervised by an adult. This will be reflected within their individual healthcare plans.

If a child refuses or is unable to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the individual healthcare plan. Parents/carers should be informed, outside of the review, so that alternative options can be considered.

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.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent. Parents are required to complete a medical consent form. One copy of this form is kept with the medication and another in the office.

Where clinically possible, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours.

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

All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Children have access to their asthma pumps in the classroom at all times. Piriton and Epipens are kept in the first aid cupboard on each floor which remains unlocked. Where possible there is a second pen stored in the staffroom in a clearly marked hanging. Medicines are stored in the staffroom or office, in a locked cupboard or in the fridge in the office and are administered by a member of staff at an appropriate time.

A record is kept of all medicines administered to individual children which states what, how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. This record book is kept in the medical room.

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

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. The school will keep records of the following:

- A register of all pupils at the school who have medical needs.
- Individual healthcare plans.
- Medication administered book.
- Medication consent form.
- Training records.

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 is 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 the emergency happens on school premises, the member of staff closest to the incident should stay with the child and send to the office for assistance. If the emergency happens during an offsite visit then the procedures outlined in the Educational Visits Policy – emergency procedures should be followed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance, taking the child's information with them.

Extra-curricular Activities

We are fully committed to actively supporting children with medical needs to participate in the full life of the school (including trips and visits) and to not prevent them from doing so.

Individual healthcare plans will make teachers aware of how a child's medical condition will impact on their participation, but there is flexibility for all children to participate according to their own abilities and with reasonable adjustments [unless evidence from a clinician states that this is not possible].

Risk assessments can be carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This includes consultation with the child him or herself, the parents/carer and any relevant external agency involved in the care of the child.

All medication including asthma pumps and Piriton and Epipens will be taken to any activities that take place off the school site.

Unacceptable Practice

Although staff should 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/carers; or ignore medical evidence or opinion.

- 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 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/carers, 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/carer should have to give up working because the school is failing to support their child's medical needs.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g. by requiring parents/carers to accompany the child.

Employee Medicines

An employee may need to bring their medicine into school. Each member of staff has a responsibility to ensure that their medicines are kept securely and that pupils will not have access to them, e.g. locked desk drawer or staff room.

Medical Confidentiality

Staff in school has no automatic right to be informed of any medical condition suffered by any pupil. However, in order that pupils can receive the best possible care, parents/guardians should advise the school of any conditions that may require intervention during the school day. Any medical or related information provided to the school either by parents/guardians or health care professionals must always be treated in the strictest of confidence. Information should only ever be shared with those members of staff whose role may lead to them providing treatment or other intervention as agreed with parents.

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.

Complaints

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.

Liability/Indemnity

The Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk and covers staff providing support to pupils with medical conditions. Insurance policies provide liability cover relating to the administration of medication but individual cover may need to be arranged for any health care procedures. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.