



# Wildground Federation

## Supporting Pupils with Medical Needs Policy

**All children have the right to the best health care possible. Article 24, UNCRC**

### **Introduction:**

Section 100 of The Children and Families Act 2014 places a duty on the governing body of Wildground Federation to make arrangements for supporting children at their premise with medical conditions. The Department of Education have 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 visits 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 and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Executive Head Teacher 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 SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

NB For the purpose of this policy, Nursery is assumed under the umbrella term of school unless there is something specific to the Nursery setting.

### **Key Roles & Responsibilities:**

**Statutory Requirement: The governing body should ensure that the Federation's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.**

The Governing Body is responsible for:

- making 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.
- ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- ensuring 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.

The Executive Head Teacher is responsible for:

- ensuring that the Federation policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- ensuring that all staff who need to know are aware of the child's condition.
- ensuring that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- having overall responsibility for the development of individual healthcare plans.
- making sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- contacting School Nursing 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.

Teachers and Support Staff are responsible for:

- providing support to pupils with medical conditions, including the administering of medicines, if they have been asked and wish 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.)
- knowing what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School Nursing and Health Visitors are responsible for:

- notifying the Federation when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should 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. 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.

Parents and carers are responsible for:

- providing 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 and 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.

## **Local Arrangements:**

### **Identifying children with health conditions:**

**Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.**

We will aim to identify children with medical needs on entry to the school, when a child joins mid-year and at the start of every academic year by working in partnership with parents and carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly. We will also use any information as a result of a child having an Education Health Care Plan or being provided with any information for a SEND child without an Education Health Care Plan by the SEND team.

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.

### **Individual health care plans:**

**Statutory Requirement: The Governing body will ensure that the Federation's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.**

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. If a consensus cannot be reached, then the Executive Head Teacher is best placed to take the final view.

Where children require an individual healthcare plan it will be the responsibility of the Executive Head Teacher or delegated person(s) 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 and carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Executive Head Teacher or delegated person(s) will work in partnership with the parents and carers, and possibly a relevant healthcare professional e.g., school, specialist or children's community nurse, who can best advise 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.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plan template produced by HCC Children's Services Health and Safety Team to record the 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 provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

**Statutory Requirement: The governing body should ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans should be developed with the child's best interests in mind and ensure that the Federation assesses and manages the risks to the child's education, health and social well-being and minimise disruption.**

All health care plans are formally reviewed in September, and at any other point if a need or support changes. A copy of all health care plans is held in both medical rooms in a Health Care Plan folder, the child's classroom, the child's admin file in the Federation office and a copy is also sent home.

**Statutory Requirement: 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 child'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;
- specific support for the child's educational, social and emotional needs – e.g., 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 Federation needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Executive Head Teacher 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 and 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.

## **Staff training:**

**Statutory Requirement: The Governing Body should ensure that this policy clearly sets out how staff will be supported in carrying out their role to support children with medical conditions, and how this will be reviewed. It should specify how training needs will be assessed and by whom training will be commissioned and provided.**

**The Federation policy should be clear that any member of Federation staff providing support to a child with medical needs should have received suitable training.**

**Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans).**

All new staff will be inducted on the policy when they join the school through the initial induction meeting. Records of this training will be stored by the Bursar for all staff.

All nominated staff will be provided awareness training on the Federation's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out every time this policy is reviewed.

The awareness training will be provided to staff by a means that is appropriate to the needs of the Federation, its staff and children.

We will retain evidence that staff have been provided the relevant awareness training on the policy by requesting staff sign the relevant training sheet kept by the Bursar.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the 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 Federation and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

Any training provided is recorded including who has received the training, the date received, the nature of the training and who led it.

## **The child's role:**

**Statutory Requirement: The Governing body will ensure that the Federation's policy covers arrangements for children who are competent to manage their own health needs and medicines.**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their 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 or carer at the earliest opportunity).

Where possible, or appropriate with due regard to the health and safety of all those across the Federation, we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals and parent/carer the appropriate level of supervision required and document this in their healthcare plan.

### **Managing medicines on Federation Premises:**

**Statutory Requirement: The Governing Body will ensure that the Federation's policy is clear about the procedures to be followed for managing medicines.**

The administration of medicines is the overall responsibility of the parents or carers. Where clinically possible we will encourage parents and carers to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Executive Head Teacher 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.

We will not give prescription or non-prescription medicines to a child under 16 without their parents or 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, we 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 name of the child, dose, expiry date and shelf-life dates will be checked before medicines are administered.

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

We will only accept prescribed medicines that are in date, labelled by a medical professional, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. If the prescription is a written document from a medical professional for an over-the-counter medicine, then the medicine must be new with an unbroken seal to ensure the integrity of the medicine inside. 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. Children in Y6 carry their own and children in all other year groups have them stored in their classroom in a green drawstring bag in a place where they are visible and accessible. All children with asthma have an asthma care plan which is formally rewritten by parents and carers each September and also as a need or provision changes. The asthma care plan is kept with the inhaler along with a copy of the administration of medicines record with the original record being kept in the medicines tracking folder in the Federation office.

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. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging, only on a short-term basis for a clear medical purpose and at the discretion of the Executive Head Teacher. Where the Federation has concerns or queries, they will seek further guidance from School Nursing.

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 only be administered after first checking maximum dosages and when previously taken. We will always inform parents of the time and dosage the medicine was administered.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor or medical professional and will be administered at the discretion of the Executive Head Teacher.

Emergency medicines will be stored in a manner that it is accessible but also safe. Depending on the emergency medicine this may be in the medical cupboard/medical fridge/evacuation box in the Federation office and/or in a pink bag in the classroom. No emergency medicine will be locked away; they will however be stored safely with details of storage in the child's health care plan.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- 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).

School purchased liquid paracetamol and liquid anti-histamine will be kept securely in the safe in the Bursar's office and only administered if emergency services advice has been sought and it is undertaken at their request, or at the discretion of the Executive Headteacher.

### **Storage:**

All other medication will be stored safely in the medical cupboard/medical fridge in the Federation office but not locked away to ensure they are easily accessible in the case of an emergency; they will however be secured with a child lock and at height.

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 can access the medical cupboard/medical fridge.

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 Federation premises or on school visits.

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/administration of medicines forms will be taken off site to ensure appropriate procedures are followed.

### **Disposal:**

It is the responsibility of the parents or 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 or carers. Parents or carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent or carers will be documented on the tracking medication form.

At the end of an academic year, parents and carers with children leaving will be requested to collect their child's medicines. Any medicines of those children leaving which isn't collected, is taken to a pharmacy for safe disposal. Parents and carers of children returning in September are invited to collect their child's medication or it can be left on Federation premises if it remains in date.

Sharps boxes will be in place for the disposal of needles if needed. Collection and disposal of these will be arranged locally an accredited company who will remove them from site as required.

### **Medical Accommodation:**

The medical rooms in both schools will be used for all medical administration and treatment purposes where a sterile or safe environment is needed. The rooms will be made available when required.

### **Record Keeping:**

**Statutory Requirement: The governing body should ensure that written records are kept of all medicines administered to children.**

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 in the medicines file in the Federation office with all records being stored in line with data retention requirements. All children with an asthma care plan and inhaler will have a copy for completion kept with their inhaler. Any possible side effects of the medication will also be noted and reported to the parent or carers.

### **Emergency Procedures:**

**Statutory Requirement: The Governing body will ensure that the Federation's policy sets out what should happen in an emergency situation. We will use the contacts details held on Arbor when there is an emergency situation.**

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 e.g. 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, medicines, personal details, care plans etc. that the Federation holds).

## **Emergency Asthma Inhalers:**

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a Federation we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers and have an asthma care plan. One is on the Federation minibus, another in the evacuation box and another in the Head of School (JUN) office. They will only be used in an emergency and at all times the Federation will seek to use the child's prescribed inhaler if possible.

## **Day visits/off site activities:**

**Statutory Requirement: The Governing body 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.**

We will ensure that class staff are aware of how a child's medical condition will impact on their participation in any off-site activity or day visit, 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 children and advice from the relevant healthcare professional to ensure that children can participate safely.

## **The education of children who are unable to attend school due to medical needs:**

The moral and legal mandate for schools is to ensure that they are supporting children with medical needs to the best of their ability and that each school has policies and processes in place to ensure this happens. Sometimes children or young people become too unwell and are unable to attend school for a significant period of time.

At these times we would work in partnership with the local authority to make suitable arrangements for that child's continuing education that takes into account their age, aptitude, ability and SEN needs and their health condition.

## **Other issues:**

While home-to-school transport is the responsibility of the local authority for some children, we will share with them any medical needs a child may have.

## **Unacceptable practice:**

**Statutory Requirement: The governing body will ensure that the Federation's policy is explicit about what practice is not acceptable.**

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:

- 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, their parents or carers; 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;
- send them to the school office or medical room unaccompanied or with someone unsuitable if they become unwell;
- 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 struggling 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 visits e.g., by requiring parents to accompany the child unless this has been agreed in the individual health care plan.

### **Liability and Indemnity:**

**Statutory Requirement: The governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.**

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:**

**Statutory Requirement: The governing body will ensure that the Federation policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.**

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