



King's Academy College Park Policy for Supporting Pupils with Medical Needs

The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions', December 2015, and we will have regard to this guidance throughout this policy.

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 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.

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.

Key Roles & Responsibilities

Statutory Requirement: *The governing body should ensure that the school'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, in accordance with The Children's and Families Act 2014.*

The Headteacher and SENCos are responsible for:

The effective development and implementation of the policy, ensuring it is shared with all staff.

Ensuring the relevant staff are fully aware of the individual needs of children.

Ensuring staff are appropriately trained overseeing Individual Health Care Plans (IHCPs).

Liaising with the school nursing team regarding individual needs as they arise.

Teachers and Support Staff are responsible for:

Considering individual medical needs of children in their care and provision.

Knowing how to respond to individual medical needs and being sufficiently trained.

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/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 work with families and health care professionals 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.

As a school, we also collect Data return sheets containing additional medical information. We also work with the school nursing team regarding completion of their forms.

Health needs may also be identified as part of SEN documentation e.g. EHCP. In the event of a new diagnosis or a child entering school, we will try to ensure that provision is in place within 2 weeks.

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 (IHC):

We recognise that IHC 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 plan would be inappropriate or disproportionate.

An IHC 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 SENCo will work in partnership with the parents/carer, and a relevant healthcare professional eg. 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.

All plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.

The plan will include the following:

- Details of the medical condition
- Individual needs linked to the condition
- Specific support required including educational, social and emotional needs

- Implications for staffing to meet the individual need
- Recording systems
- Inclusion in offsite activities
- Confidentiality
- Emergency procedures
- (See p10 of DFE documents for more detail)

Staff Training:

All new staff will be inducted on the policy when they join the school as part of the induction process.

Staff will not administer prescription medicines or undertake any health care procedures or provide support without the appropriate training (updated to reflect any IHC plans).

The school will ensure that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training could include preventative and emergency measures, and refresher awareness training will be scheduled at appropriate intervals.

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 and procedures. This will be recorded in their IHC plan if one is in place. The IHC plan will reference what will happen should a child who self-administers refuses to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

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.

Managing 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 and SENCo are 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 only give prescription medicines to a child under 16 with their parent’s/carers written consent.

A documented tracking system to record all medicines received in and out of the premises is in place.

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.

We 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, 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.

Controlled drugs will be securely stored, which only named staff will have access to. A record will be kept of any doses used and the amount of the controlled drug held in school.

Emergency medicines will be stored in a safe location but not locked away to ensure they 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

Storage:

All medication other than emergency medication will be stored safely out of reach or in a lockable 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 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.

We will also ensure that medication is readily available when outside of the school premises or on school trips. Storage of medication whilst off site will be maintained at a 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.

Controlled drugs off site will be the responsibility of a named member of staff and must stay with that person at all times.

Disposal:

It is our policy to return any medicines that are no longer required, including those where the date has expired to the parents/carers.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through PHS who will remove them from site as requested.

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 (stored in the Medical Room). 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:

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/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.

See also 'storage' for details of taking medication off site.

Unacceptable Practice:

Staff are expected to use their discretion and judge each child's IHC 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 or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- penalise children for their attendance record if their absences are related to their medical condition, eg. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- 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;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg. by requiring parents to accompany the child.

Handling complaints

If you feel that your child's medical needs are not being met appropriately within school, please come and talk to either your child's classteacher, the SENCo or Headteacher. If these discussions do not resolve your concerns, please refer to the complaints policy on our website.

Reviewing the Policy

This policy will be reviewed by the SENCo at least annually. This review will include an invitation to parents and staff to contribute their thoughts and ideas and a chance for pupils to have their say through informal discussion. It will then be passed to Governors for ratification.

Date Agreed : November 2021

Review: (Annually) Autumn 2022

(To be ratified by Governors at the next available meeting)