



## Maple Tree Lower School

### Policy for Supporting Pupils with Medical Conditions

#### **Rationale**

This policy aims to provide clear guidance and procedures to staff and parents. It forms the basis of a supportive environment in which pupils with medical needs may receive suitable medical care enabling their continuing participation in mainstream schooling. We aim to ensure that all children are “climbing the branches of success” despite any medical needs they may have.

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at Maple Tree Lower School with medical conditions. Some children with medical conditions may be disabled. Where this is the case the school will comply with the duties placed on us by the Equality Act 2010. Some pupils with medical conditions may also have a Special Educational Needs (SEN). If this is the case this policy should be read in conjunction with the school SEN policy.

#### *Definitions of Medical Conditions:*

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

- Short-term, affecting their participation in school activities because they are on a course of medication, or have a short term illness or injury.
- Long-term, potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

#### **Aims**

Maple Tree Lower School aims to:

- Ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so they can, play a full and active role in school life, remain healthy and achieve their academic potential.
- Ensure that children with medical conditions have the same opportunities at school as every other child. (Where possible, and where appropriate to each individual child.)
- Ensure that each child with a medical condition has the same rights of admission as other children.
- Respond flexibly to each individual case to ensure the best opportunities possible for the child with a medical condition. Eg part time schooling
- Ensure smooth transition for a child with a medical condition into the school and when they move on to another educational setting. We also aim to ensure smooth reintegration back into school following a period of absence.
- Ensure that parents feel confident that Maple Tree Lower School will provide effective support for their child's medical condition.
- Ensure that the child feels safe at school.
- Establish effective relationships with the relevant health services to ensure optimum support for the child.
- Listen to, and value, the views of parents and pupils.
- Support for school staff to ensure they are confident in meeting the particular needs of each child.

## **Policy**

At Maple Tree Lower School, the headteacher is the named person with overall responsibility for the implementation of this policy and will ensure:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

The Head teacher may choose to delegate these tasks as appropriate to other senior members of staff.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy as part of the induction process outlined in the School Induction Policy.

Maple Tree Lower School will liaise with any appropriate professional to ensure appropriate care is in place for the child. These professionals will include the school nurse, GP, Paediatrician, and local specialist health teams such as the diabetes team.

Where children are joining Maple Tree Lower School at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

The school will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

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, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Following the discussions, with all involved, an Individual Health Care Plan will be written following advice from the school health team if necessary.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are 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 a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the child until the Parent/Carer arrives, or accompany a child taken to hospital by ambulance.

## **Individual Health Care Plans (IHPS)**

Individual Health Care Plans will be written and reviewed by a member of SLT/SENCo, in conjunction with health care professionals and the child's parents, but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The child's class teacher will be responsible for their development and ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that the school effectively supports pupils with medical conditions. They will 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, health care professional and Parents/Carers should agree, based on evidence when a Health Care Plan would be inappropriate or disproportionate.

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has Special Educational Needs but does not have a statement or Education Health & Care Plan (EHC) plan, their SEN should be mentioned in their Individual Health Care Plan.

Individual Health Care Plans, (and their review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional/Head/Deputy/SENCo with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

The school will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption.

The Individual Health Care Plan will contain the following information:

- 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, travel time between lessons;
- 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, additional support in catching up with lessons or 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;

## **Roles and Responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

### *The Governing Body*

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

### *The Head Teacher*

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHPs
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

### *School Staff*

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

### *School Nurses*

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

### *Other healthcare professionals*

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school

- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support and training for particular conditions (eg. Asthma, diabetes)

*Pupils*

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

*Parents*

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation

**Managing Medicines in School**

For the purpose of this policy, prescribed medicines are those which have been prescribed by any medical practitioner such as a doctor, dentist, nurse, pharmacist etc. Where it is necessary for a child to receive medication in school whether this is for a short or long term period the following points will be taken into consideration to ensure that the correct policy and procedures are followed:

- 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. The Governors at Maple Tree Lower School have agreed that only prescribed medications will be administered.
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- medication, eg for pain relief unless prescribed will not be administered in school.
- school will only accept prescribed 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.
- parents will have the right to make arrangements to come into school to administer medicine to their own child should they choose to do so.
- all medicines should be stored safely – this will either be in the staff room fridge if required to be kept cold or in a locked non-movable cabinet in the medical room. Children will have access to their own medication only under the supervision of an adult in school. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available for children and not locked away; they will, however, be kept safely by an adult to ensure the safety of all of the children. When children are taken out of school for trips or events, their medication needs will be considered and suitable arrangements made to make these available.
- where a child has been prescribed a controlled drug monitoring arrangements may be necessary. School will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable cabinet and only staff will have access. Controlled drugs should be easily accessible in an emergency. 2 people sign in the medication and 2 people sign to say the correct dosage is given. A record should be kept of any doses used and the amount of the controlled drug held in school
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. School have

to keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. If there is a need to share this with the parents then school will do so.

- 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
- prescribed controlled drugs will need to be signed back to the parent/carer.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice to:

- prevent children from easily accessing their medication and administering it when and where necessary
- assume children with the same condition require the same treatment
- ignore the views of the child, parents, medical advice or opinion
- send children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- penalise children for their attendance record if their absences are related to their medical condition that is recognised under this policy
- prevent children from drinking, eating or taking toilet breaks whenever they need to 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 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 (such as requiring parents to accompany the child)

### **Administration**

- The label on the medicine container should be checked against the school medicine record. Any discrepancy should be queried with the parent before administering a medicine. **Parents should confirm any changes of dose and the reason for it in writing.**
- For liquid medicines make sure a 5ml medicine spoon or an oral dose dispenser (for quantities less than 5 ml) together with instructions has been sent in by the parent:-
- Confirm the identity of the pupil.
- Check the school medicine record to see if the medicine is being given at the right time e.g. midday, before or after food etc, and has not already been given by another member of staff.
- Check the name of the medicine on the container against the name on the school record.
- Check the dose, e.g. 1 or 2 tablets, 5 or 10 mls, 1 or 2 puffs.
- Measure the dose, without handling the medicine. If it is a liquid, shake the bottle before measuring and pour away from the label. If it is a soluble or dispersible tablet, add to half a glass of water and wait for it to dissolve or disperse.
- Give the medicine to the pupil and watch him/her take it. Always give the pupil a glass of water to "wash" the medicine into the stomach.
- Wash the spoon or oral dose dispenser if used.

- Return the medicine and spoon etc to the appropriate storage area.

### **Record Keeping**

- Parents must give written permission for school staff to administer medicines.
- The administration of medicines will be recorded and signed by staff for our own school records. If required this will be shared with parents.

### **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 are 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 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.
- In the case of an emergency staff will make a decision as to the severity of the incident. In cases of concern, an initial contact with the parent may be made to make a mutual decision.

### **Day Trips, residential and sporting activities**

All children should have the opportunity to participate in such events and any medical needs must not prevent them from doing so. Arrangements should be suitably flexible for everyone to join in according to their own abilities and with any reasonable adjustments. Where required, risk assessments will be carried out to ensure that events are planned and adapted to suit. For some children this may require consultation with the parents or carers.

### **Complaints**

- Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. See our Complaints Policy and Procedure for Dealing with Complaints documents on the website or ask in the school office for a written copy.

**COMMITTEE: MANAGEMENT**

**VERSION 2: APRIL 2018**

**RATIFIED:**

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