

# PADNELL INFANT SCHOOL

## BOARD OF GOVERNORS



### SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

<b>Name of Unit/Premises/Centre/School</b>	Padnell Infant School
<b>Date of Policy Review</b>	December 2022
<b>Date of Next Review</b>	December 2023
<b>Name of Headteacher</b>	Mrs Mandy Grayson

## Administration Record

Issue	Modification	Date
1	Resources Committee Approval	22 January 2018
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2.3	FGB Approved	November 2020
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# 1 Introduction

- 1.1.1 Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school 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.
- 1.1.2 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.
- 1.1.3 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. All staff have a duty of care to follow and co-operate with the requirements of this policy.
- 1.1.4 Where children have a disability, the requirement of the Equality Act 2010 will apply.
- 1.1.5 Where children have an identified special need, the SEN Code of Practice will also apply.
- 1.1.6 We recognise that medical conditions may impact social and emotional development as well as having educational implications.

## 2 Key Roles and 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.

2.1.1 The Governing Body is responsible for:

- i) *The development and implementation of this policy. They will also make sure that sufficient staff have received suitable training and that they are competent before taking on the responsibility to support children with medical conditions. The Governing Body will ensure that any member of staff who provides support to pupils is able to access information and other teaching support materials as needed.*

2.1.2 The Headteacher is responsible for:

- i) *The development and effective implementation of the policy with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understands their role in its implementation. She should also make sure that staff who need to know are aware of the child's condition. She must ensure that there are sufficient numbers of staff trained to implement the policy and deliver the healthcare plans including in contingency and emergency situations. The Headteacher will have overall responsibility for the development of individual healthcare plans. She will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. She will also 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.*

2.1.3 Teachers and Support Staff are responsible for:

- i) *Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicine, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional duties they should take into account the needs of the pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary levels of competency before they take on the responsibility to support children with medical conditions. All members of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. It is also their responsibility to record all medicines given to a child correctly in case of any future claims against the school.*

2.1.4 Members of the School Nursing Team are responsible for:

- i) *Notifying the school when a child has been identified as having a medical condition which will require support in school ideally before they start school. Will provide advice and liaise with training. Can liaise with lead clinicians.*

### **3 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.

3.1.1 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'(Appendix F) produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the Medical Questionnaire 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.

3.1.2 Additional processes include:-

- Communications with pre-schools/portage;

- Communications with transferring schools (receiving or leaving);
- Contact with outside agencies;
- Educational Health Care Plan reviewed at least annually (6 monthly for under 5's);
- Contact with Hampshire School nursing Team and specialist advisors e.g. physical disability/physiotherapist;
- Medical questionnaire included in welcome pack (Appendix E with covering Letter Appendix E1).

3.1.3 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.

## 4 Individual health care plans

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

4.1.1 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.

4.1.2 Where children require an individual healthcare plan it will be the responsibility of the Headteacher/School Inclusions Coordinator to work with parents and relevant healthcare professionals to write the plan.

- 4.1.3 A healthcare 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 Headteacher will work in partnership with the parents/carer, 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 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.
- 4.1.4 The school 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.
- 4.1.5 The school will use the HCC Healthcare plan template which will document the healthcare plans for pupils with medical needs.
- 4.1.6 If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and the 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 school assesses and manages the risks to the child's education, health and social well-being and minimise disruption.

The Inclusions Coordinator will ensure that the plans are reviewed at least annually (six monthly for under 5's) or if something changes prompting such a review.

Statutory Requirement: When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following

The school will use Template A from HCC to complete our individual healthcare plan for general medical conditions, Asthma UK have produce an IHP for asthma suffer this can be seen in Template B . Diabetes UK have produced an IHP for diabetes this can be seen in Template C. The British Society for Allergy & Immunology have produced IHPs for those suffering from anaphylaxis this can be seen in Template D. All the IHP templates will be issued with a letter (Developing an individual healthcare plan for your child) see Template E.



## 5 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 school policy should be clear that any member of school 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)

- 5.1.1 All nominated staff will be provided awareness training on the school'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 annually.
- 5.1.2 The awareness training will be provided to staff by the Headteacher annually or when the updating of information is required.
- 5.1.3 Where required, the school 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.
- 5.1.4 Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals.
- 5.1.5 A 'Staff training record– administration of medicines' form will be completed to document the type of awareness training undertaken, the date of training and how the training was delivered.

## 6 The child's role

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

- 6.1.1 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 refuses to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

## 7 Managing medicines on School Premises

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

- 7.1.1 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 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.
- 7.1.2 The school will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this Template F). A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is The Children's Services Medication Tracking Form. (Template G)
- 7.1.3 The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.
- 7.1.4 On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.
- 7.1.5 The school 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, their 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.

- 7.1.6 The school will administer any prescribed medication that is required to be taken 4 times a day, in special circumstances they will administer medication which is required to be taken 3 times a day if the child attends an after-school club.
- 7.1.7 Staff will make sure that Inhalers are stored in a safe but readily accessible place, and clearly marked with the child's name.
- 7.1.8 Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. The school 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.
- 7.1.9 The school will hold a bottle of non-prescribed liquid paracetamol (Calpol), which will only be administered to those children whose parents have completed the "Request to administer non-prescribed paracetamol" section of the permissions form (Template J). With paracetamol there needs to be a minimum of four hours in between doses, so the school will not administer any non-prescribed paracetamol before 1pm as this will give 4 hours from the time school starts at 9am until the dose is administered to the child. The school will telephone the first contact, leaving a message if there was no answer. They would then send a text message to confirm paracetamol had been given. When this has been administered it will be recorded on (Template K).
- If the school felt the child needed paracetamol in the morning (before 1pm), they would contact the parent/carer and ask for them to send an email to school confirming their agreement, before administering the medicine.
- 7.1.10 The school will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.
- 7.1.11 Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.
- 7.1.12 Emergency medicines will be stored in a safe location, within the classroom, but not locked away to ensure they are easily accessible in the case of an emergency.

7.1.13 Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions;
- Inhalers for asthmatics;
- Injections of Glucagon for diabetic hypoglycaemia.

7.1.14 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).

## 8 Storage

8.1.1 All medication will be stored in a safe place, out of the reach of children. This will be on the top shelf of the shelving unit in every classroom or in the fridge if it is required to be refrigerated.

8.1.2 Where medicines need to be refrigerated, they will be stored in the office refrigerator (only used for medication). There must be restricted access to a refrigerator holding medicines.

8.1.3 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 holds the key to the storage facility.

8.1.4 Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. They will also be readily available when outside of the school premises or on school trips.

8.1.5 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 will be taken off site to ensure appropriate procedures are followed.

## 9 Disposal

- 9.1.1 It is the responsibility of the parents/carers to dispose of their child's medicines. It is the school's policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.
- 9.1.2 Sharps boxes will be in place for the disposal of needles.

## 10 Medical Accommodation

- 10.1.1 The Office will be used for all medical administration/treatment purposes, with the exception of emergency medication (Inhalers/Insulin/Epipens etc), which will be administered in the classroom.

## 11 Record keeping

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

- 11.1.1 A record of what has been administered including how much, when and by whom, will be recorded on a Template H "Record of Medication Administered to Individuals" The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.
- 11.1.2 A record of all medication administered will be recorded on Template H a "Record of All prescribed Medication Administered".

## 12 Emergency Procedures

Statutory Requirement: The Governing body will ensure that the school's policy sets out what should happen in an emergency situation using Template I: contacting emergency services. This will be displayed in the office.

- 12.1.1 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. The school 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.
- 12.1.2 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).

## 13 Day trips/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.

- 13.1.1 The school 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.
- 13.1.2 The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. They 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. They will also consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## 14 Other issues

- 14.1.1 The governing body may want to consider the following, ensuring the policy covers these items:
- i) *Home to school transport;*
  - ii) *Defibrillators.*

- 14.1.2 The School will hold two Salbutamol Asthma inhalers for emergency use only, complete with disposable spacers. These will only be used by children whose parents have completed “Parental Agreement for School to Administer Emergency Salbutamol Asthma Inhaler” (Template L).

## 15 Unacceptable practice

Statutory Requirement: The governing body will ensure that the school’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 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, 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 failing 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 trips e.g. by requiring parents to accompany the child.

## 16 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.

- 16.1.1 Staff at the school are indemnified under the County Council self-insurance arrangements.
- 16.1.2 The County Council 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, the school will ensure that staff have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

## 17 Complaints

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

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

Signature of Responsible Manager or Headteacher:	
Mandy Grayson	
Date:	



