

# Coast Academies

## Supporting Pupils at School with Medical Conditions

This policy is based on the [DFE guidance December 2015](#)

### RATIONALE

The school has a duty under Section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils at school with medical conditions.

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions.

The school will ensure that arrangements are in place to support pupils with medical conditions in doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We will ensure that arrangements give parents and pupils confidence in the school's ability to provide effect support for medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.

### PURPOSE

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission (see School Admissions Code 2012) or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the board of directors do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

### GENERAL GUIDELINES

When school is notified that a child has a medical condition procedures are in place to cover any transitional arrangements between schools and arrangements for any staff training or support. School does not have to wait for a formal diagnosis before providing support to a pupil. In cases where pupils 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.

### INDIVIDUAL HEALTHCARE PLANS

- Individual Healthcare Plans (IHP) will help school effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom.

(See Annex A and also Healthcare Plan proforma).

- Plans will be drawn up in partnership between school, parents and a relevant healthcare professional e.g. School or Specialist Nurse. Pupils will be involved whenever appropriate.

- Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- Where a child has a special educational need identified in a statement or Educational Health and Care Plan (EHCP), the individual Healthcare Plan (IHCP) will be linked to, or become part of that statement or EHCP.

#### Points considered when developing an IHCP

- The medical condition, its triggers, signs, symptoms and treatments
- Specific support for the child's educational, social and emotional needs eg 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 Health 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 for written permission from parents and the Headteacher, or delegated person, for medication to be administered by a member of staff or self-administered by the child during school hours
- Separate arrangements or procedures for school trips or other school activities outside of the normal school timetable that will ensure that the child can participate, eg risk assessments
- Where confidentiality issues are raised by the parent of a 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

## ROLES AND RESPONSIBILITIES

Supporting a child with a medical condition during school hours is not the sole responsibility for one person. School will work in partnership with healthcare professionals, social care professionals, Local Authorities, Parents and Pupils

Senior leaders will make arrangements to support children with medical conditions in school. They will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions

The Headteacher or Head of School will ensure that:

- this policy is effectively implemented
- all staff are aware of the policy and understand their role in its implementation
- all staff who need to know are aware of the child's condition
- there are sufficient trained numbers of staff available to implement the policy and deliver against all IHCPs including in contingency and emergency situations

School Staff

- may be asked to provide support to children with medical conditions, including administration of medicines (although they cannot be required to do so)

- will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions

## School Nurse

Every school has access to school nursing services. They are responsible for:

- notifying the school when a child has been identified as having a medical condition which will require support in school
- liaising with lead clinicians locally on appropriate support for the child and associated staff training needs
- providing advice and liaising with staff on the implementation of a child's IHP

Other Healthcare Professionals including GPs and Paediatricians

- They should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes)

Children

- Will be fully involved in discussions about their medical support needs and contribute, and comply with, their IHP as appropriate

## Parents

- Will provide the school with sufficient and up to date information about their child's medical needs
- Will be involved in the development and review of their child's IHP
- Will provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times

## Local Authority

The Local Authority should provide support, advice and guidance to support children with medical conditions to attend full time. Where children would not receive a suitable education in a Coast Academy school because of their health care needs the LA has a duty to make other arrangements

Providers of Health Services

Providers of Health Services should co-operate with school in providing support, information, advice and guidance

## STAFF TRAINING AND SUPPORT

- The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained. However school may wish to choose to arrange training and ensure this remains up to date
- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support children. This includes an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A record of the staff training will be kept on Smartlog

**Staff will not give prescription medicines needing specific training or undertake healthcare procedures without the appropriate training – the training will be updated to reflect any IHP**

A first-aid certificate does not constitute appropriate training in supporting children with medical needs

- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine
- School will have arrangements in place for whole school awareness training regarding supporting children with medical conditions (eg non-pupil day, induction arrangements) to help ensure that all medical conditions affecting pupils in the school are understood fully, this includes preventative and emergency measures so that staff can recognise and act quickly when a problems occurs
- School will ensure that appropriate information for visiting teachers (supply) is a made available
- The family of a child will be key in providing relevant information to school staff about how their child's needs can be met

## THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

- Senior Leaders will ensure that arrangements are made, for children who are competent, to manage their own health needs and medicines. This should be reflected in their IHP
- Wherever appropriate EG an inhaler children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Some children may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed when the medication has not been administered for this reason

## MANAGING MEDICINES ON SCHOOL PREMISES

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 – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

*Coast Academies' schools should keep Calpol/Paracetamol for this purpose. Written permission from parents to provide pain relief should be gathered as part of the general consent gathering process. Unless specifically denied (perhaps due to an allergy) pain relief (Paracetamol/Calpol) should still be given if the situation demands it even if written permission has not yet been obtained.*

*Example: A child with a broken limb but with no written permission for pain relief should be given pain relief providing that:*

*the medicine is in date, the correct dosage is checked, the time and dose given is recorded, there is no record of the child being allergic to paracetamol and an attempt was made to get verbal parental permission via phone. It would be inhumane not to provide pain relief.*

### **Non-prescription drugs**

*Schools in Coast Academies should try to support attendance/wellbeing of pupils by agreeing to administer non-prescription drugs such as, allergy tablets, cold/flu tablets etc. These drugs should be in a named and labelled original container and in date with dosage stated. Written permission should be provided. It is not necessary for these short-term non-prescription drugs to be recorded on the school drugs record.*

- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours  
GOV.UK has a full list of controlled medicines.
- schools should only accept prescribed medicines if these 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. Where relevant, they should know who holds the key to the storage facility. (*Only controlled drugs must be legally secured*) Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children **and not locked away**. This is particularly important to consider when outside of school premises, e.g. on school trips
- if the expiry date is reached or when no longer required, medicines should be returned to the parent directly to arrange for safe disposal. (**children should not be given the medicine to return to their parents**) Sharps boxes should always be used for the disposal of needles and other sharps.
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held
- 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. Schools should 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 in school

### **What is a controlled medicine (drug)?**

Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.

Examples include:

morphine  
pethidine  
methadone

GOV.UK has a full list of controlled medicines.

## RECORD KEEPING

Written records will be kept of all medicines administered to children. Parents will be informed if their child has been unwell in school.

*Schools in Coast Academies should have a [master spreadsheet](#) detailing all medicines kept in school. This will be maintained by the individual school health and safety officer. This officer will also be responsible for notifying parents of upcoming expiry dates and arranging for the expired medicine to be safely sent home for disposal.*

## EMERGENCY PROCEDURES

- Where a child has an IHP this will 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 children 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 to hospital in an ambulance

## DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

Senior Leaders will ensure that arrangements are clear and unambiguous about the need to support actively children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. School will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician states that this is not possible.

A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This information will be included on the school standard operating procedure (SOP) for trips and will be checked by the EVC as part of the EVOLVE approval process.

## POINTS FOR CONSIDERATION

- School does not assume that every child with the same condition requires the same treatment
- School will not send children with medical conditions home frequently, or prevent them from staying for normal school activities, unless this is specified in their IHP
- If a child becomes ill, they will not be sent to the school office or medical area unaccompanied
- School will take into consideration hospital appointments when monitoring attendance
  
- School does not prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- School will not require parents, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent will have to give up working because the school is failing to support their child's medical needs
- School will not prevent children from participating in any aspect of school life, including school trips, by requiring parents to accompany

## LIABILITY AND INDEMNITY

- School has an Insurance Policy that provides liability cover relating to the administration of mediation.
- Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint via the schools complaints procedure
- The Head of School will have overall responsibility that this Policy is implemented and that risk assessments for school visits are undertaken.
- The SENCo, Business Manager, Pastoral Manager and School First Aiders will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHP's are monitored

## Annex A

### Model process for developing individual healthcare plans

Parent of healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed



Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop IHCP in partnership - agree who leads on writing it. Input from healthcare professional must be provided



School staff training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed



IHCP implemented and circulated to all relevant staff



IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate

### Staff Training Records – Administration of Medicines

Information relating to any specific medical training will be recorded on the central training record on Smartlog.

