

Supporting Children with Medical Needs Policy



This policy is based on guidelines from the DFE publication Section 100 '*Children's and Families Act 2014*'.

The aims of this policy are:

- To ensure that all children with medical conditions, in terms of both 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.
- To ensure that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- To ensure that all staff including the support and admin staff involved are clear of their roles.
- To ensure that Ranelagh Primary School, the School Based Nurse, and other support Health services work together to ensure that children with medical conditions receive a full education.

Roles and Responsibilities

The **Governing Body** will ensure that:

- A child with a medical condition is supported to enable the best participation possible in all aspects of school life.
- Sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- Any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed.

The **Head teacher** will ensure that:

- All staff are aware of the policy for supporting children with medical conditions and understand their role in its implementation
- Sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- School staff are appropriately insured and are aware that they are insured to support children in this way
- Contact will be made with the school nursing service and other health services when necessary.

The **Inclusion Manager** will:

- Be responsible for the implementation of this policy
- Be responsible for the completion of all Individual Health Care Plans and sharing it with the relevant stakeholders

Trained First aiders will ensure that

- They support children with medical conditions, including the administering of medicines when medical agreements forms have been completed.
- They liaise with members of LMT and Inclusion Manager regarding any changes to the conditions of a child.

The School Nurse will:

- Attend Ranelagh Primary School on weekly basis
- Support staff on implementing a child's individual healthcare plan and provide advice and liaison, for e.g. Anaphylaxis or diabetes training
- Liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other healthcare professionals, including GPs and paediatricians will:

- provide support and advice in schools for children with particular conditions (e.g. asthma, diabetes)

Parents/Carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Notify the school that their child has a medical condition
- Work in partnership with the school and be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting
- 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.

Providers of health services will:

- Co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other

healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training.

- Provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Support for Children with Medical Needs

It is important to support a child with medical needs whether physical, mental or both. A child's social and emotional well-being may be compromised. Staff will discuss such children at Inclusion Standard Meetings to suggest best channels of support, such as Personal Development groups or individual work with the school based Art Therapist .

Parents/Carers have prime responsibility for their children's health and should provide the school with information about any medical condition. The school will liaise with previous schools (if applicable) when admitting a child with specific medical needs and arrange relevant staff training as required.

Children currently attending Ranelagh Primary who are diagnosed with specific medical needs will have procedures put in place at the school within two weeks from being informed of the diagnosis. Where a children's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support is needed based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts some degree of challenge may be necessary to ensure that the right support is put into place.

Staff Training

- Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- Whole school awareness training will take place when a child is identified with a specific medical condition so that all staff are aware of the school's policy for supporting children with medical conditions and their role in implementing that policy.
- Induction arrangements for new staff will include information and training as appropriate on the medical conditions of children within the school and how to support them.

The relevant healthcare professionals should be able to give advice on training that will help ensure that all medical conditions affecting children in the school are fully understood. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key members in providing relevant information to school staff about how their child's needs can be met, and parents/carers should be asked for their views. They should provide specific advice, but should not be the sole trainer.

Managing Medicines on School Premises

Medicines Procedures for medicines at Ranelagh Primary

1. If a child needs to take prescribed medication a consent form should be filled out by the parent /carer. (Provided by the school office or on the School website)
2. If a child regularly needs prescribed medicines a Care Plan may be written. This will be done in consultation with the School Nurse and the Inclusion Manager.
3. All prescribed medicines must have the child's name, date of birth, dosage and must be in date (not expired).
4. The class teacher will be informed of the child taking medication, as per the Care Plan. A copy of the care plan will be displayed in a plain envelope for all adults in the class to refer to if needed.
5. Medication will be administered by the trained First Aider on duty and logged as evidence.
 - Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
 - No child will be given prescription medicines without their parent/carer's written consent.
 - A log of all medications taken is kept in the First Aid area in the school's First Aid area.
 - No child will be given medicine containing aspirin unless prescribed by a doctor
 - . It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents/Carers should ask the prescribing doctor or dentist about this.
 - Medicines must be handed over to the office in a named container.
 - The 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.

Authorised personnel should check:

- Child's name
- Written instructions provided by parents/carers or doctor
- Prescribed dose
- Expiry date

All medicines will be stored safely in the first aid office and children should not have them in their Classrooms.

For medical conditions such as asthma or an allergy, children will be informed where their medicines are at all times and be able to access them immediately, including when on school trips. Children in Key Stage 2 are will be able to have their asthma pumps in class to use when necessary.

Medicines like Epi-pen and Insulin Pens are kept in places that are easily accessible, such as the classroom any spares in the First Aid area and if needed in the after school lodge. The school will keep controlled drugs that have been prescribed for a child securely stored in a labelled container and only named staff should have access.

Controlled Drugs

- Medicines such as morphine, pethidine and methadone are controlled drugs.
- A record should be kept of any doses used and the amount of the controlled drug held in school
- School staff will administer a controlled drug to the child for whom it has been prescribed.
- Staff administering medicines will do so in accordance with the prescriber's instructions.
- The school will 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 will be noted

Non-Prescription Medication

The school will **not** generally give non-prescribed medication to children (e.g. over the counter brought medicine) .If a child regularly suffers from acute pain, such as migraine, parents/carers should supply and authorise appropriate pain killers for their child's use, with written instructions. However this will only be with written advice from a GP or a Health professional.

Self-Management

It is good practice to support children to become as independent as possible to manage their own medication. The age and maturity of the child is always taken into account.

All inhalers used must be labelled clearly with the child's name and class and placed in the orange dispensing packs.

Children are reminded not to share inhalers.

Refusing Medication

If children refuse to take medication, the school will not force them to do so and will inform parents/carers immediately. Staff will work closely with children who refuse to have their medication.

Disposing of Medicines

When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal.

All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

Sharps boxes will always be used for the disposal of needles and other sharp objects.

Record Keeping

- At the induction meeting Parents will be asked if their child has any health conditions or health issues
- If a pupil has a short term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection) a medical form is given to the pupil's parents to complete
- Arrangements for ongoing or long term conditions such as asthma and diabetes should be discussed with parents and health professionals to determine if specific arrangements should be made
- Written records are kept of all medicines administered to children and kept in the office.
- Parents/Carers will be informed if their child has been unwell at school or have had first aid administered.

Emergency Procedures

- Staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.
- If a child needs to be taken to hospital and the parent is not readily available, they will be accompanied by at least one member of staff
- Generally staff should not take children to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff

should be accompanied by another adult and have public liability vehicle insurance

- Where a child has an individual healthcare plan, 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.

School Trips

- Children with medical needs are encouraged to participate in visits and overnight residentials.
- Staff are made aware of any medical needs and arrangements for taking any necessary medication are put in place.
- Sometimes an additional adult might accompany a particular child.
- There may also be the need to undertake a risk assessment for a particular child.
- This school risk assesses the number of first aiders it needs and ensures that the first aiders are trained to carry out their responsibilities

Sporting Activities

- Our PE and extra-curricular sport is sufficiently flexible for all children to follow in ways appropriate to their own abilities.
- Some children may need to take precautionary measures before or during exercise and be allowed immediate access to their medication if necessary, asthma pumps for example.
- Teachers supervising sporting activities are made aware of relevant medical conditions.

Hygiene Control

- Staff are familiar with normal precautions for avoiding infection and should follow basic hygiene procedures.
- Staff have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.
- There is a sharps box (yellow plastic container) in the First Aid Area in the office.

Long term Medical Needs

The school needs to know about any medical needs before a child starts school, or when a child develops a condition. The school will need to know:

- Details of the condition
- Special requirements

- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Individual Health Care Plans

- Some children require a health care plan to identify the level of support that is needed at school.
- The plans may identify specific training needed by volunteer staff. Staff should not give medication without appropriate training.
- 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.
- Plans will be drawn up in partnership between the school, 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.
- Children should also be involved whenever appropriate.
- The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.
- The governing body will ensure that 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 risks to the child's education, health and social well-being and minimises disruption.
- Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan
- The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher or Head of School is best placed to take a final view.
- Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.
- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively and smoothly.

Role of the Governing Body (Local Authority Board)

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 children'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 corridors, travel time between lessons
- Specific support for the children's educational, social and emotional needs – for example, 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 school needs to be aware of the child's condition and the support required?
- Arrangements for written permission from parents/carers and the Head Teacher for medication to be administered by a member of staff, or self-administered by the child 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/carer or 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.
- 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.
- Training is given on an individual child basis, by the local health authority (usually the school nurse) for administering medicines such as insulin, rectal diazepam and epi-pens.
- Two adults should be present for the administration of intimate or invasive treatment, unless there are exceptional circumstances.

Complaints

- Should parents/carers or children be dissatisfied with the support provided they should discuss their concerns directly with the school.
- If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.
- Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.
- Ultimately, parents/carers (and children) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Liability and indemnity

Through the Tapscott Learning Trust, the school has appropriate insurance in place relating to the administration of medication.