

Supporting Pupils at school with Medical Conditions

Policy approved by Audit & Risk Committee May 2021

Frequency of Review: 3 years

Policy based on: DFE Guidance: Supporting Pupils at School with Medical Conditions - December 2015

Amendments

2016 - NF/DS/HJ/JA/PJT Federation SLT 17/02/2017

2017 - TP - SJFS added

2018 - TP - updated for PVAT

2021 - EC - with input from all Headteachers - updated for accuracy

Page I or 8

Aim

The policy ensures 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. These normally fall under the following 2 categories:

- Short-term affecting their participation in school activities whilst they are on a course of medication or treatment.
- Long-term potentially limiting their access to education and requiring the provision of extra care and support.

Statutory Duty

The statutory guidance, "Supporting Pupils at School with Medical Conditions – December 2015", places a duty on a Board of Trustees to ensure arrangements are in place in schools to support pupils at school with medical conditions.

In the case of pupils with special medical needs, the Penk Valley Academy Trust ensures that safety measures cover the needs of all pupils at each of its' schools.

Each school within the Penk Valley Academy Trust is responsible for ensuring that relevant staff know about and are trained to provide any additional support these pupils may need.

Some children with medical conditions may also be disabled. Where this is the case, the Schools ensure that their procedures are robust to support the Board of Trustees in complying with their duties under the Equality $Act\ 2010$

Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

Teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' (in the place of a parent) and may need to take swift action and without the agreement of a parent in any emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

Special educational needs and disability (SEND) code of practice highlights the duties of local authorities, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require an Educational Health Care Plan (EHCP) in order to comply with the SEND code of practice, schools will ensure compliance with this guidance with respect to those children.

Arrangements

All our Schools' aim to:

- assist parents in providing medical care for their children
- ensure that parents and their children feel confident in the school's ability to provide effective support of the medical condition
- liaise, as necessary, with medical and other support services, in support of the individual pupil
- ensure access to full education, as far as is possible
- monitor and keep appropriate records, including individual healthcare plans, as required
- provide emotional and pastoral support to a child, as needed, to promote learning, selfconfidence and self-care
- provide support with planned re-integration into school after a long term absence

• ensure that all staff understand that some medical conditions will affect the quality of life of a child and may be life-threatening, so the focus should be on the needs of each individual and how their medical condition impacts on their school life.

Entitlement

The school accepts that pupils with medical needs should, where this is possible, be assisted in accessing their right to the full education available to other pupils.

The school believes that pupils with medical needs should be supported in achieving full and regular attendance, as far as possible, and to receive the necessary proper care and support.

Some children may have special education needs (SEND) and may have a statement, or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special education provision. For children with SEN, this policy should be followed in conjunction with the SEND Code of Practice. If a child is SEN but does not have a statement or EHCP, their special educational needs should be stated on their individual healthcare plan.

The school accepts that all employees have a duty in relation to supporting pupils with medical needs, although they must:

- receive appropriate training
- work to clear guidelines
- seek advice relating to any concerns about legal liability
- bring to the attention of senior leadership any concern or matter relating to supporting pupils with medical needs
- be compliant in relation to the safeguarding of all pupils

Expectations

- parents will be expected to co-operate in training children to self-administer medication

 where age appropriate (under the supervision of a member of staff), and that members
 of staff will only be asked to be involved in administering the medication if there is no
 alternative;
- where parents have asked the school to administer the medication for their child, the
 prescription medication, dosage regime, along with instructions for administration and
 storage advise, should be typed or printed clearly on the outside of all medication
 containers.
- It is the responsibility of parents to ensure that the school has 'in date' medicines in enough supply to support their child's needs. These will be stored in the school office/refrigeration area.
- In *first schools*, inhalers etc are kept in named boxes in classrooms for easy access for pupils where necessary or in the main office with personal labels for easy access.
- In *Middle and High School*, no medication is held by individual pupils on school premises. All students access medication via school office. This includes inhalers and diabetic medication. Pupils can obtain their medication from the school office prior to activities such as PE if required.
- The name of the pharmacist should be visible on the information/labelling. Information on labels **must never be altered in any way** and should not be accepted by school if they have been amended.
- Any medication not presented properly will not be accepted by school staff.
- All medicines brought in to be administered, must be recorded. The record should be in ink and must show the:
 - ➤ Name of the young person for whom medication is prescribed.

- > Date of receipt of the medication by office staff.
- Name and strength of the medicine.
- Quantity of medicine received (if applicable).
- ➤ The dosage required to be administered
- ➤ The time of the required dose
- Expiry date of medicines and any special warnings or precautions
- > Signature of the employees receiving the medicines
- ➤ Where consent from parents is also being sought at the same time, the record should also include the signature of the parent or carer.
- the school will liaise with the School Health Service for advice about a pupil's special medical needs, and will seek support from the relevant practitioners, as necessary, and in the interests of the pupil.
- the school will ensure that transitional arrangements are put in place for when a child moves school.

Complaints Procedure:

The Penk Valley Academy Trust operates a Complaints Procedure: should parents have a serious concern, this should be raised, in the first instance, with a senior member of staff at the school. The complaints procedure is available on each school website.

Policy Review

This policy will be reviewed every 3 years, or before if deemed necessary, by the Penk Valley Academy Trust Board of Trustees.

	MFS	PFS	SMSC	PMS	SJFS	TREA	WHS
Overall Responsibility	Headteacher	Headteacher	Headteacher	Headteacher	Headteacher	Principal	Headteacher
Health & Safety Officer	Facilities Manager	Facilities Manager	Facilities Manager	Facilities Manager	Facilities Manager	Facilities Manager	Facilities Manager
Routine H&S support	Admin Officer	Admin Officer	Admin Officer	Admin Officer	Admin Officer	Business manager	Office Manager
Designated First Aid Officers	Office Services Manager Admin Officer	Admin Officer	Deb Bell Alison Dudley	Rosemary Lisa Wright	Admin Officer	Luke Smith Paul Freeman Sophie McVicar	Karen Botten Lisa Jones Jo McDonald Sophie Halstead Fenella Forrester
SENDCO	Headteacher	SENDCO	SENDCO	SENDCO	SENDCO	SENDCO	SENDCO
ЕНСР	SENDCO	Headteacher & SENDCO	Headteacher & SENDCO	SENDCO	Headteacher & SENDCO	SENDCO	SENDCO/ Inclusion Manager
Individual Risk Assessments	Headteacher	Headteacher	Headteacher	Behaviour Support Manager	Headteacher	SENDCO	Inclusion Manager
SIMS information up to date	Admin Officer	Admin Officer	Admin Officer	Admin Officer	Admin Officer	Admin office	Admin Officer
Liaising with external agencies and parents	Headteacher	Headteacher & SENDCO	Headteacher & SENDCO	Behaviour Support Manager	Headteacher & SENDCO	Principal SENDCO	Inclusion Manager / SENDCO
Briefing supply staff on medical conditions	Headteacher	Headteacher	Headteacher	Cover Officer	Headteacher Admin officer	Vice principal	Data Officer

Appendix 1

Policy into Practice

In order to sufficiently meet their statutory responsibilities, Trustees have approved the following procedures to be followed, which incorporate the administration of first aid in school:

- If a child has been unwell at school, parents will be informed.
- Individual pupil care plans are available to all staff
- Medical notes will be updated on an adhoc basis by each school.
- Thorough risk assessments are carried out as part of the standard Educational Visit procedure. Individual risk assessments would be conducted by the Visit leader as appropriate.
- Where a school has a concern, and where further specialist medical knowledge is required, staff will liaise closely with the school nurse (and Educational Welfare Worker from the Local Support Team where relevant).
- Designated school staff may also advise parents to refer a child to their GP for advice, if for example a child has presented to the school's medical room on several occasions and there is no known or apparent medical cause which merits such repeated visits.
- The school will work in partnership with health professionals such as bereavement counsellors, child mental health practitioners, disability support practitioners and other such health professionals, to provide the most effective and holistic support possible within the resources available.
- Transition arrangements for incoming pupils with medical needs will be planned across all schools.
- All non-prescribed medications will require parental permission and medication dosage details from parents.
- In cases where parents do require non-prescribed medicines to be self-administered under supervision during the school day, the same procedures will apply as for GP prescribed medicines eg Calpol, paracetamol, or anti histamine.
- Staff must never give a child aspirin or medicines containing ibuprofen unless these are specifically prescribed by a doctor and are contained in a pharmacy-dispensed prescription packet with the necessary instructions. If a GP prescribes an OTC (over the counter) remedy, it becomes a prescribed medicine and must be treated accordingly.
- Medicines administered to individual children will be recorded by the designated staff
 members, stating the medicine administered, together with how it was administered and how
 much given/taken, the time it was administered and by whom. Any side effects experienced
 should also be recorded and parents informed swiftly.
- Where any school staff or community-based colleagues, e.g. nurses use syringes and needles, it is their responsibility to ensure safe disposal of these items into a sharps box. Any used needles and syringes are not to be re-sheathed. They are to be disposed of immediately into the sharps box.
- In the case of an emergency or a deep level of concern following an assessment by a first aider, all schools will use information from pupils' EHCPs or medical care plans, and may decide to telephone 999/inform paramedic teams. The school will then contact parents to inform them of the medical situation/concern.
- If a child needs to attend hospital, staff will remain with a child until the parent arrives or will attend hospital with the child in the ambulance in the absence of a parent/designated adult family member.

•	Parents must ensure that their contact details are always up to date on school records and, where changes occur to home or mobile contact numbers, addresses, etc., that school is immediately informed so that records are current. School staff will check that medicines are still in date prior to administering or issuing to a child to self-administer.

Appendix 2

Process for Developing Individual Health Care Plans

Parent or 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.					
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Head Teacher or school staff to which this has been delegated co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil.					
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Meeting to discuss and agree for Health Care F relevant healthcare professional and other me consider written evidence provided by them)					
	/				
Develop Care Plan Input from healthcare professional must be provided					
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Any school staff training needs identified					
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Healthcare professional commissions/delivers	s training and staff signed-off as competent				
	/				
Health Care Plan implemented and available to all relevant staff					
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Health Care Plan reviewed annually or when condition changes. Parent or healthcare professional to initiate.					
Healthcare professional commissions/delivers training and staff signed-off as competent Health Care Plan implemented and available to all relevant staff Health Care Plan reviewed annually or when condition changes. Parent or healthcare					