



## **Supporting Pupils at School with Medical Needs and Administration of Medicines Policy**

### **Introduction**

As of 1<sup>st</sup> September 2014 governing bodies must make arrangements to support pupils at school with medical conditions. At Milford School we aim 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.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010 and Milford School must comply with our duties set out in that Act. Where children have special educational needs, the school must comply with the Special Educational Needs Code of Practice which will ensure compliance of statutory elements for those children.

### **The role of the Governing Body**

The governing body must ensure that arrangements are in place to support pupils with medical conditions and in doing so ensure that such children can access and enjoy the same opportunities at school as any other child. At Milford School we work together with other schools, the local authority, health professionals and other support services to ensure that children with medical conditions receive a full education.

The governing body takes in to account that many medical conditions that require support at school, will affect quality of life and may be life-threatening. They will therefore focus on the needs of each individual child and how their medical condition impacts on their school life.

The governing body aims to ensure that arrangements give parents and pupils confidence in the schools ability to provide effective support for medical conditions in school. They understand how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

The governing body will ensure that arrangements put in place are sufficient to meet statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

The Designated Teacher with responsibility for Children with Medical Needs is Jo Fulterer, Inclusion Manager (senco@milford.surrey.sch.uk)

The Designated Teacher will co-ordinate all necessary staff training and ensures that a current log of training and applicable renewal dates is maintained.

They will be the first point of contact for any parents with concerns and they will monitor wider implications for the child such as social and emotional factors that need to be considered. The Designated teacher will also keep a record of agreed part time timetables, reasons for this as well as plans to re-integrate the child back in to full time education.

The governing body has a responsibility to ensure that all staff are properly trained to provide the support that pupils need.

### **Implementation of the policy**

The people responsible for the implementation of this policy are:

**Designated SEND and Medical Governor:** Luke Bozeat

**Designated Teacher for Children with Medical Needs:** Jo Fulterer

The Designated Teacher will:

- Ensure staff are suitably trained
- Ensure effective communication with staff regarding children and their condition
- Ensure that cover arrangements for staff if someone is ill or unavailable
- Ensure there is a robust system in place detailing how we brief supply teachers
- Carry out risk assessments
- Manage the administration of *Individual Health Care Plans*
- Manage transition arrangements between schools
- Organise and manage reintegration arrangements
- Organise and manage staff training and support

Once agreed any arrangements would be put in place within 2 weeks. At Milford School we believe that we do not have to wait for a formal diagnosis before providing support. Where diagnosis is unclear or difference of opinion, judgements will be needed about what support to provide based on evidence available. This would normally involve medical evidence and consultation with parents. Where advice conflicts some degree of challenge may be necessary to ensure that the right support is put in place.

## **Individual Health Care Plans:**

The Designated Teacher for Supporting Children with Medical Needs is responsible for the development of Individual Health Care Plans.

Their purpose is to help ensure that schools effectively support pupils with medical conditions by the following:

- They clarify what needs to be done and by whom
- School, Healthcare professional and parent should decide if an IHCP is necessary
- IHCP should be easily accessible
- They should remain confidential
- IHCP should hold key information and actions
- Where a child has SEN but not an EHCP their SEN should be mentioned in their IHCP
- Plans should be initiated, drawn up and reviewed through consultation with all stakeholders
- Plans should be reviewed at least annually or as often as circumstances change
- Where there is an EHCP the IHCP should be linked or become part of the EHCP
- Where a child is returning to school following a period of hospital education or alternative provision, the LA should work effectively with the school to ensure the IHCP reflects the support the child will need to reintegrate effectively.

When deciding what should be included in the IHCP the following will be considered:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupils resulting needs, including medication, dose, side effects and storage and other treatments, time, facilities, 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 pupils educational, social and emotional needs – for e.g. how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up, counselling sessions
- The level of support needed, including in emergencies – if a child is self-medicating this should be detailed with monitoring arrangements
- Who will provide the support, their training needs, expectations of their role and cover arrangements
- Who needs to be aware and how this will be communicated
- Arrangements with written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered during school hours

- Separate arrangements for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate e.g. risk assessment
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with the information
- What to do in an emergency, including who to contact, contingency arrangements etc If there is an emergency plan prepared by their health care professional

## **Roles and Responsibilities**

At Milford School we believe that supporting the needs of a child with a medical condition during school hours is not the sole responsibility of one person. Effective support involves good collaboration with other agencies. Partnership between all stakeholders is essential. Collaborative working arrangements should therefore be clarified.

### **Our governing body:**

- Will make arrangements to support pupils with medical conditions within school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- Will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions

### **Our Head Teacher:**

- Will support the Designated Teacher to ensure that our school policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Will work with the Designated Teacher to ensure that all staff that need to know, are aware of the child's condition. They should ensure that sufficient numbers of staff are trained to implement the policy and deliver against all IHCP including contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- Has overall responsibility for the development of an IHCP. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The school will 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.

**School Staff:**

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines although they cannot be required to do so.
- Although administering medicines is not part of teacher's professional duties, they will take in to account the needs of pupils with medical conditions that they teach.
- School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with medical condition needs help.

**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. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that the school are taking appropriate steps to support the pupil but may support staff on implementing a child's IHCP and provide advice and liaison for e.g. on training.

**Other healthcare professionals, including GP's and Paediatricians**

Other professionals should notify the school nurse when a child has been identified as having a medical condition that will require support within school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions e.g. asthma, diabetes, epilepsy.

**Pupil**

Pupils with medical conditions will often be best placed to provide information on how their condition affects them. They will be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their IHCP. Other pupils will be supported in how to be sensitive to the needs of those with medical conditions.

## **Parents/Carers**

Parents/Carers will be asked to provide the school with sufficient and up to date information about their child's medical needs. We believe that parents are key partners and should be involved in the development and review of their child's IHCP and be involved in its drafting. Parents/carers should carry out actions that they have agreed as part of its implementation e.g. provide medicine and equipment and ensure that either they or another nominated adult are contactable at all times.

## **Local Authority**

The Local Authority is a commissioner of school nurses. Under Section 10 of the Children's Act 2004 they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools with a view to improving the well-being of children with regard to their physical and mental health and their education, training and recreation.

The Local Authority should provide support, advice and guidance including suitable training for school staff to ensure that the support specified within the IHCP can be delivered effectively. They should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the Local Authority has a duty to make other arrangements. Statutory guidance states they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year)

## **Providers of Health Services**

Providers of Health Services should cooperate with schools that are supporting children with a medical condition. This could include appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school.

## **Clinical Commissioning Groups**

Groups should ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions.

They have a reciprocal duty to cooperate under section 10 of the children act 2004. Clinical commissioning groups should be responsive to Local Authority and schools seeking to strengthen links between health services and schools and consider how to encourage health services in providing support and advice. The local health and

well-being board will also provide a forum for Local Authorities and Clinical Commissioning Groups to consider with other partners, including locally elected representatives on how to strengthen links between education, health and care settings.

## **Ofsted**

The inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long term medical conditions alongside these groups and to report on how well their needs are being met including school policy.

## **Staff training and Support**

At Milford School any member of school staff providing support to a pupil with medical needs will receive suitable training either externally or in-house. We will liaise with leading health care professionals on the type and level of training required. Staff who provide support will be included in discussions around training.

Training should be sufficient to ensure competence and that staff have confidence in their ability to support children with medical needs and to fulfil obligations set out in IHCP's. They will need to have knowledge of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A first aid certificate does not constitute appropriate training for supporting children with medical conditions.

Healthcare professionals including the school nurse can provide confirmation of proficiency of staff in a medical procedure or providing medication

Additional arrangements for whole school awareness training and how staff will be communicated with, induction arrangements for new staff and information for supply teachers

## **The child's role in managing their own medical needs**

Wherever possible children should be allowed to carry their own medical devices or medication or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedure will receive an appropriate level of supervision.

If a child refuses to take medicine or carry out a necessary procedure then staff should not force them to do so but follow the procedure set out in the IHCP. Parents will be informed so that alternative options can be considered.

## **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 parental permission

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication for pain relief should never be administered without first checking maximum dosage and when the previous dose was taken. Parents should be informed.

Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside school hours for e.g. antibiotics to be taken 3 times per day should be taken at before school, afterschool and before bed rather than be administered in school.

Milford 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.

Class teachers will check the dates on medicines stored in their classrooms. This will be overseen by the Medical Administrator who will do weekly checks.

Medicines should be taken by the parent/carer to the school office where the appropriate paperwork will be completed. Children should not have medicines on their person unless procedures agreed with school are in place, allowing them to do so.

All medicines will be stored safely in the classroom where appropriate. Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children within the classroom. Details of where medicines are kept on school trips will be included in the risk assessment.

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. At Milford School we will always 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 will be easily accessible in an emergency. A record will 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 medicine should do so in accordance with the prescribed instructions. At Milford School we 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 medication to be administered at school should be noted.

When it is no longer required, medicine will be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

## **Record Keeping**

Governing bodies should ensure that written records are kept of all medicines administered to children.

Our Medical Administrator is responsible for the day to day administration for children with medical needs.

An IHCP should define what constitutes as an emergency and should clearly define 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 parents arrive or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems

- If deemed necessary, call 999
- Report the incident immediately to the Head Teacher or in their absence the Deputy Head followed by other members of the Senior Leadership Team who will notify parents and third parties as necessary

Where medicines (such as inhalers or creams) are kept securely in the classroom, the class team will keep records of when these medicines are used.

## **Day trips, residential visits and sporting activities**

Teachers should be aware of how a child's medical condition will impact on their participation but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. At Milford School, we will make arrangements for the inclusion of pupils in such activities with

any adjustments as required unless evidence from a clinician such as a GP states that this is not possible

At Milford school we will consider any reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps need to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant health care professional to ensure that pupils can participate safely.

Risk assessments will be carried out by class teachers in liaison with the Designated Teacher with Responsibility for Children with Medical Needs and signed off by the Deputy Head as the member of staff responsible for Educational Visits.

### **Other**

Where a child has an IHCP and other agencies are involved including school transport, the parent/carer or school will share the IHCP where appropriate with any other parties.

### **Unacceptable Practice**

Unacceptable Practice could be defined as:

Preventing a child from easily accessing their inhalers and medication and administering their medication when and where necessary

Assuming that every child with the same condition needs the same treatment

Ignoring the views of the child and/or their parents or ignore medical evidence or option although this may be challenged

Sending children with medical conditions home frequently or prevent them from staying for normal school activities including lunch, unless this is specified in their IHCP

If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable

Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments

Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

Requiring 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

Preventing 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

### **Liability and indemnity**

Governing bodies should ensure that there is an appropriate level of insurance in place and that it appropriately reflects the amount of risk

Policy should set out insurance arrangements

Insurance policies should provide liability cover relating to the administration of medication but individual cover may be needed for health care procedures

### **Complaints**

Any concerns in the first instance should be discussed with the Designated Teacher with Responsibility for Children with Medical Needs Jo Fulterer. Mrs Fulterer can be contact via the school office on 01483 422087 or via email [senco@milford.surrey.sch.uk](mailto:senco@milford.surrey.sch.uk)

Should a satisfactory conclusion not be met, please see the schools complaints policy.

Complaint to Department of Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and other attempts at resolution have been exhausted.

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