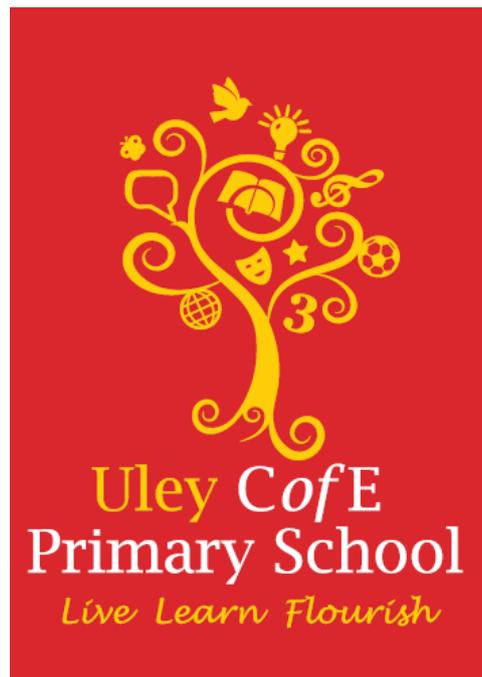


# ULEY C OF E PRIMARY SCHOOL



# SUPPORTING PUPILS WITH MEDICAL NEEDS AT ULEY SCHOOL

1 Spring 2017, Mar 18

## **Introduction**

Section 100 of the Children & Families Act places a duty on all schools to make arrangements for supporting children with medical conditions, and to have regard for the Department for Education's Supporting Pupils at School with Medical Conditions (DfE 2015). This policy outlines how Uley School will ensure that all children with medical conditions will be supported to ensure they can play a full and active role in school life, remain healthy and achieve their academic potential.

Most pupils at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. Individual schools are required to develop their own Health and Safety Policies to cover a wide variety of issues and it is suggested that in a similar way schools should develop policies and procedures for supporting pupils with medical needs, including the safe management of medication.

## **Definition**

**This is not a policy for short-term illness and related medication, for example antibiotics or paracetamol for a cold or eye infection etc.** The school remains insistent that under these circumstances it will have to consider whether to administer medication. Any pupil who is infectious or too poorly should not attend school until they are well enough.

This policy relates to pupils who have a recognised medical condition who is being supported or treated by medical professionals, which will last longer than 15 days and will require the pupil to have a care plan protocol in school.

## **Principles**

We have adopted the key drivers of the statutory document 'Supporting pupils at school with Medical Conditions' by the DfE as our aims and objectives. Wherever possible we will endeavour:

- To ensure children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- To ensure arrangements are in place to support pupils at school with medical conditions, including the use of risk assessment and health care plans.
- To work with health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

## **Recognition:**

1. Application to the school has request for parents to provide the school with useful information regarding the pupil's needs
2. Prior to admission date staff will liaise with parents and pupils to highlight areas of need
3. Any EHCPs in place will be reviewed to monitor how school supports the pupils
4. The Head Teacher meets with governors on H&S committee to report that school is compliant and is able to meet pupils' needs.
5. Medical needs are on record on SIMS. Issues of a sensitive nature are 'flagged up' on a need to know basis.
6. Weekly staff meetings ensure all staff are aware of emergent or developing medical needs and measures put in place to meet them
7. All trips beyond routine request that parents inform school of any specific medical needs that may be relevant for that particular occasion

When Uley School becomes aware that a child with medical needs will begin attending or that a child already attending the school has medical needs all of the relevant staff are notified and begins the process of planning for the child's safe admission to school.

When a formal diagnosis has not yet been made, the school makes a judgement about what support to provide based on the available evidence- usually some form of medical evidence and consultation with parents/carers.

## **Individual Healthcare Plans**

Children with medical needs attending the school have an individual healthcare plan. Where this is required, the plan outlines what needs to be done, when and by whom. The SENCO (or their delegated person) will work with

parents/carers and healthcare professional to develop healthcare plans. Not all children with medical needs require a plan. Decisions to not make a healthcare plan are recorded appropriately on the child's file. Healthcare plans are reviewed annually or sooner if the child's medical needs have changed.

### **Children with Special Educational Needs & Disabilities (SEND) and Medical Needs**

Some children with medical needs also have SEND. If a child with SEND also has a medical need, and he or she has a Statement of SEND or an Education, Health and Care (EHC) Plan, their individual healthcare plan is part of that Statement or EHC Plan. For children who have SEND and a medical need but no Statement or EHC Plan, their healthcare plan includes reference to the Special Educational Need or Disability.

Common medical needs are (not an exhaustive list):

**Asthma:** once a GP has diagnosed a pupil with asthma, those pupils are then required to have prescribed medication in school eg salbutamol, which is kept in pupil-specific bags with trigger and dosage information, and stored in the classrooms. Staff receive awareness training.

**Anaphylaxis:** once a GP has diagnosed a pupil with anaphylaxis, those pupils are then required to have prescribed medication in school e.g. Epipens. Epipens are kept in a secure but available locker in the school office. Staff receive training.

**Insulin** once a GP has diagnosed a pupil with diabetes, those pupils are then required to have prescribed medication in school eg insulin. Insulin will be kept in secure but available locker, in pupil-specific boxes/bags in the school office. Staff receive training.

**Methylphenidate** (e.g. Ritalin, Metadate, Methylin): is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act and its associated regulations.

Methylphenidate must be stored in a locked container to which only named staff have access and a record of administration must be kept. It is necessary to make a record when new supplies of Methylphenidate are received into school.

Unused Methylphenidate must be sent home via an adult and a record kept. These records must allow full reconciliation of supplies received, administered and returned home.

**Painkillers:** for children with injuries eg broken legs/arms. Administration will be decided in consultation with the parent/carer.

### **Roles and responsibilities**

Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Any member of staff must know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

Parents/Carers are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs;
- Carrying out any actions they have agreed to as part of the plan's implementation (e.g. providing prescribed medicines);
- Ensuring that written records are kept of all medicines administered to children;
- Ensuring they or another nominated adult is contactable at all times and contact information is kept up-to-date.

The Governors are responsible for:

- Making arrangements to support children with medical conditions in school, including making sure that this policy is in place;

- Ensuring sufficient staff have received suitable training are competent before they take on responsibility to support children with medical conditions;
- Ensuring that the school's procedures are explicit about what practice is not acceptable;
- Making sure it is clear how complaints may be made and will be handled concerning the support provided to children with medical conditions;
- Ensuring the school's policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support children at school with medical conditions.

The Headteacher is responsible for:

- Promoting this policy with the whole staff team, parents/carers, children and agency partners;
- Ensuring the training needs of all staff are met, including the whole school staff regarding this policy, First Aiders trained by the school as well as individual members of staff with responsibility for individual children;
- Cover arrangements to ensure availability of staff to meet individual children's needs;
- Monitoring the provision of individual healthcare plans for those children who require one and undertaking healthcare plan reviews.

The SENCO is responsible for:

- Ensuring all children with medical needs have a healthcare plan where appropriate, that it is kept up-to-date, is shared with all the individuals who need to know about it and reviewed at least annually.

Teachers and Support Staff are responsible for:

- Supporting the child as much as possible in self-managing their own condition;
- Risk assessment for school visits, school journey and other school activities outside of the normal timetable;
- Implementing their actions identified in individual healthcare plans.

### **Links to achievement and social and emotional wellbeing**

There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed. Long-term absences due to health problems may affect attainment, impact on a child's ability to sustain friendships and affect their wellbeing and emotional health. At Uley School we work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional wellbeing is minimised.

### **Procedures for managing medicines**

Medicines are only to 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 is given prescription or non-prescription medicines without their parent's written consent (see Appendix 1: School Medication Consent Form), or given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, is never administered without first checking maximum dosages and when the previous dose was taken.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- We 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 only exception to this is insulin which must still be in date, but will generally be available to us inside an insulin pen or a pump, rather than in its original container);
- All medicines are stored safely. Children know where their medicines are at all times and are able to access them immediately with support from school staff. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away and are accessible on school trips;
- A record is kept of any doses used and the amount of the controlled drug held in school;
- Staff may administer a controlled drug to the child for whom it has been prescribed, doing so in accordance with the prescriber's instructions. We keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom;

- When no longer required, medicines are returned to the parent/carer to arrange for safe disposal. Sharps boxes are used for the disposal of needles and other sharps;
- Uley School follows the Gloucestershire Care Services 'Guidelines on the management of medical conditions (Policies, Protocols, Guidelines and Procedures)' for Asthma, Allergy and Anaphylaxis and Epilepsy).

### **Emergency procedures**

Where a child has an individual healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school know that they should inform a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff stay with the child until the parent/carer arrives, or accompanies a child taken to hospital by ambulance.

### **Extra-curricular activities**

Uley School staff are fully committed to actively supporting children with medical needs to participate in the full life of the school including trips and visits. Healthcare plans clearly outline how a child's medical condition will impact on their participation, but there is flexibility for all children to participate according to their own abilities and with reasonable adjustments (unless evidence from a clinician states that this is not possible).

Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This includes consultation with the child, the parents/carer and any relevant external agency involved in the care of the child.

### **Unacceptable practice**

In order to keep all children safe and well we are very clear that the whole team know what is not acceptable practice.

It is not acceptable practice (unless there is evidence included in the child's individual healthcare plan from a medical professional) 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;
- 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 unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition;
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition;
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school.

### **Non-prescribed Medicines**

Over the counter medicines, e.g. hay-fever treatments, cough/cold remedies should only be accepted in exceptional circumstances, and be treated in the same way as prescription medication. The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a Consent Form. Staff should check that the medicine has been administered without adverse effect in the past and that parents have certified that this is the case – a note to this effect should be recorded in the written parental agreement for the school/setting to administer medicine.

### **Antibiotics**

Parent/carers should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school/setting hours wherever possible.

Most antibiotic medication will not need to be administered during school/setting hours.

Twice daily doses should be given in the morning before school/setting and in the evening. Three times a day doses can normally be given in the morning before school/setting, immediately after (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in school/setting if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

There is a potential risk of interaction between prescription and over the counter medicines so where children are already taking prescription medicine(s), prior written approval from the child's GP should be considered. The use of non-prescribed medicines should normally be limited to a 24hr period and in all cases not exceed 48hrs.

If symptoms persist medical advice should be sought by the parent. Other remedies, including herbal preparations, should not be accepted for administration in school/setting.

### **Training**

Training to support the school in meeting the needs of children with medical conditions is provided on a regular basis, and from a range of practitioners. Uley School undertakes whole school awareness training, induction training for new members of staff and training for individually identified members of staff.

We work in partnership with the school nurse to determine what training is required to meet the medical needs of the Uley School cohort. We regularly review our training programme in response to changes in staffing, changes in child population and reviews of healthcare plans.

### **Other professionals**

Uley School works closely with a range of other professionals when supporting a child with medical needs including GPs, school nurses, psychologists and specialist provision in hospitals etc.

We have the support of the school nursing service who work closely in partnership with the school and parents/carers.

### **Monitoring and review**

Senior leaders review and implement the medical needs policy and procedures. Whole school data on medical needs and the impact of this policy will be reviewed to deliver best practice and comply with statutory requirements.

# Appendix 1: School Medication Consent Form

## PARENTAL AUTHORITY FOR THE ADMINISTRATION OF PRESCRIBED MEDICINES

My child .....attended the doctor's surgery on ..... and was diagnosed as suffering from.....

My child has subsequently been prescribed .....

I therefore ask, and give permission for, the school staff to administer the following:

Name of medicine .....

Dosage to be given .....

Time medicine should be given by member of staff: .....

Date/time of previous dose given by parent.....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. I will inform the school immediately, in writing, if there is change in dosage or frequency of the medication or if the medication is stopped.

Signed: .....

Dated: .....

N.B. MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE

## Appendix 3: Drug Log

Name of Pupil:..... D.O.B..... Class.....

Name and strength of medication:.....

Expiry date:.....

How much to give:.....

Route to be given:.....

When to be given:.....

Date

Time Given

Dose Given

Side effects

Staff Signature

Print Name

Counter Signature

Print Names

Child Signature

Print Names