

# ROTHWELL VICTORIA PRIMARY LEARNING PARTNERSHIP

## Supporting Pupils with Medical Needs in School Policy

### November 2014

# Every Child Matters

Enjoy and  
Achieve



Be Healthy

Make a  
Positive  
Contribution

Be Safe

Achieve  
Economic  
Wellbeing

**Rothwell Victoria Infant School**



**CARE SHARE**

**HELP SMILE**



## Supporting Pupils with Medical Needs in School - Policy

*This policy sets out the duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions under Section 100 of the Children and Families Act 2014. In meeting the duty, the governing body, proprietor or management committee **must** have regard to guidance issued by the Secretary of State under this section (Supporting pupils at school with medical needs (DfE, April 2014)).*

*Section 100 came into force on 1 September 2014.*

### School Context

RVPLP staff are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

### Principles

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires; and that
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will not engage in unacceptable practice, as follows:

- 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 a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;

- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require 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; nor
- prevent 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 their child.

### Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

### Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

#### Named person in school with responsibility for medical policy implementation

The member of staff responsible for ensuring that pupils with health needs have proper access to education is the Executive Headteacher who will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the

medical needs of a pupil. It will be his/her responsibility to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

### **Parents/carers and pupils**

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

### **School staff**

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

### **The Executive Headteacher**

The Executive Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Executive Headteacher will ensure that all staff who need to know are aware of a child's condition. S/he will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Executive Headteacher has overall responsibility for the development of individual healthcare plans. S/he will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. S/he 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.

### **The Governing body**

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

### **School health teams**

School health teams 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 may support staff on implementing a child's individual healthcare plan and provide advice and liaison.

For children under 5 the Nursery Leader will liaise with Health Visitor's to secure updates in regard to any known medical conditions and protocols.

### **Other healthcare professionals**

GPs and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

### **Staff training and support**

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

## **Procedures**

### **Notification**

Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. A summary of the class Medical Needs Register is kept inside the class attendance register so that it can be referred to easily.

Support staff have summarised copies of the Medical Needs Register as they may be working with children from several different classes. Copies will be kept in the staff room and reception office. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff. The School Nurse has a termly meeting with the SENCo/Inclusion Manager at which the Medical Needs Register is reviewed and health matters discussed.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

### **Individual Healthcare Plans**

Not all children with medical needs will require an individual healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Executive Headteacher will take a final view. *A model letter inviting parents to contribute to individual healthcare plan development is provided at appendix 1.*

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. *A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at appendix 2.*

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. *A template for individual healthcare plans is provided at appendix 3.*

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, 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, 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. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are 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 a child has SEN but does not have a statement or EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

## **Pupils too ill to attend school**

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). The school should make a referral to the Hospital and Outreach Education as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hospital and Outreach Education and the relevant medical professionals.

## **Pregnancy**

Young children/women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant child/women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young child/woman's or the unborn child's wellbeing, the school should make a referral to The Complimentary Education Academy. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

## **Medicines in school**

### **Self-management by pupils**

Within the RVPLP it is not appropriate for a child to self-manage or to administer medicines and manage procedures for themselves without parental consent.

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

### **Managing medicines on school premises**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. 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 under 16 will 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 will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. *A template for obtaining parental agreement for the school to administer medicine is provided at appendix E.*

The school only accepts 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 inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. Children are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the

key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

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

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. Otherwise, the school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. *A template for recording medicine administered to an individual child is provided at appendix 4. A template for recording medicine administered to all children is provided at appendix 5.*

School staff may 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 keeps 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. *A template for recording staff training on the administration of medicines is provided at appendix 6.*

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

Staff administering medicine will check the medicine is in date and ensure agreed protocols are followed.

## **Emergency Situations**

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. Other pupils in the school will be informed 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 will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## **Day trips, Residential and Sporting Activities**

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.



## **Liability and Indemnity**

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

## **Complaints**

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## Appendix 1: Model letter inviting parents to contribute to individual healthcare plans

Dear parent/carer,

### Developing an individual healthcare plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupil at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, the school and the relevant healthcare professional, who will be able to advise us on your child's case. The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed.

It may be that decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

A meeting to discuss the development of your child's individual healthcare plan has been arranged for \_\_\_\_\_. I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: \_\_\_\_\_. Please let me know if you would like to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan.

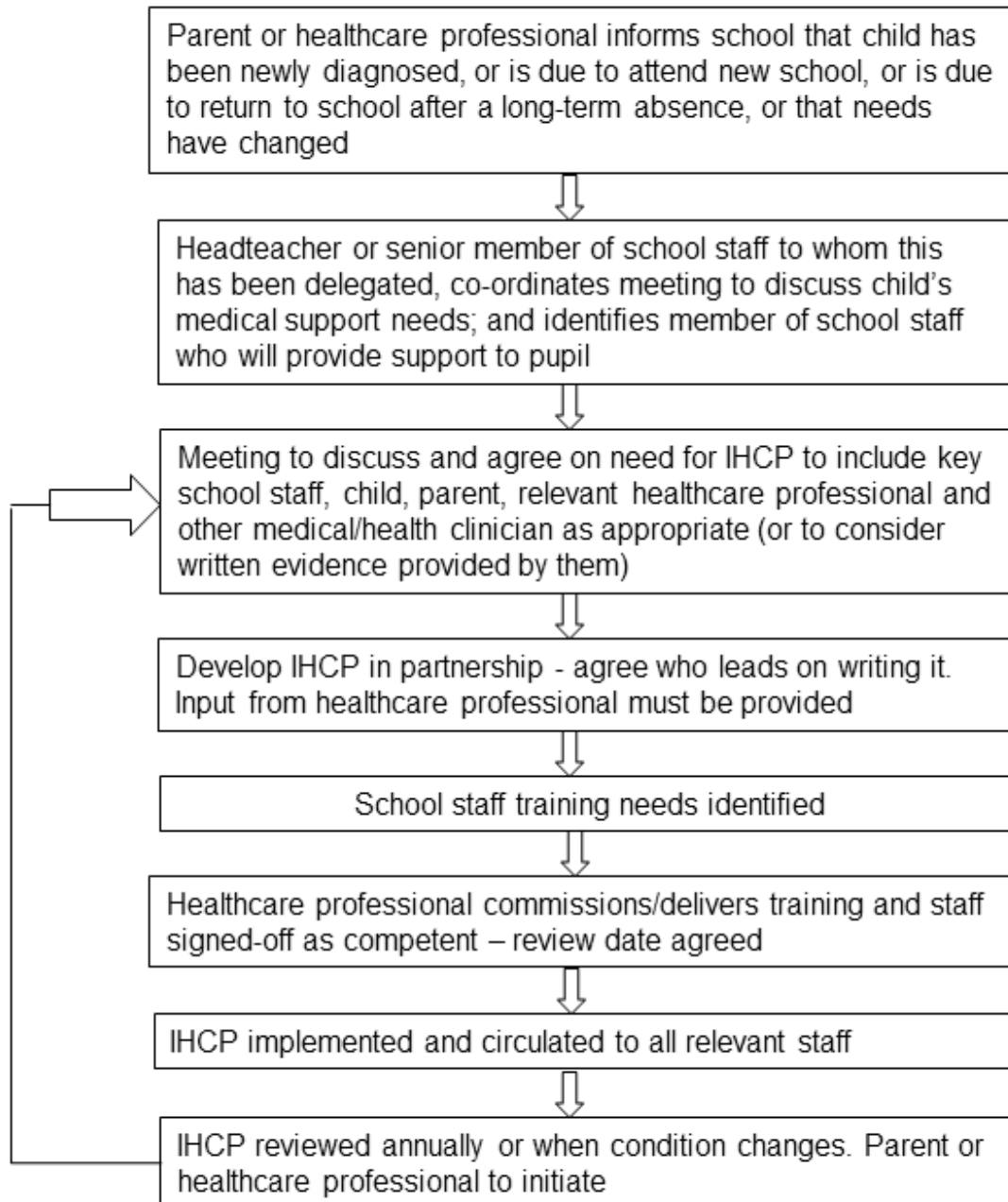
If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

Yours sincerely,

Named person with responsibility for medical policy implementation

Appendix 2: Flow chart for developing an individual healthcare plan



<b>Appendix 3: Individual healthcare template</b>
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***Name of School/setting/academy***

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

**Family contact information**

First contact name	
Relationship to pupil	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	
Second contact name	
Relationship to pupil	
Phone no (mobile)	
Phone no (home)	
Phone no (work)	

**Clinic/Hospital contact**

Name	
Phone no	

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**GP**

Name	
Phone no	
Person(s) responsible for providing support in school	

Describe the medical needs of the pupil

Give details of the pupil's symptoms

What are the triggers and signs?

What treatment is required?

Name of medication and storage instructions (if applicable)

Can pupil administer their own medication: YES/NO

Does pupil require supervision when taking their medication: YES/NO

Arrangements for monitoring taking of medication

Dose, when to be taken, and method of administration

Describe any side effects

Describe any other facilities, equipment, devices etc that might be required to manage the condition

Describe any environmental issues that might need to be considered

Daily care requirements

Specific support for the pupil's educational needs

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Specific support for the pupil's social needs

--

Specific support for the pupil's emotional needs

--

Arrangements for school visits/trips/out of school activities required

--

Any other relevant information

--

Describe what constitutes an emergency and the action to be taken when this occurs

--

Named person responsible in case of an emergency

In school:

For off site activities:

--

Does pupil have emergency healthcare plan? YES/NO

Staff training required/undertaken

Who:

What:

When

Cover arrangements

(see separate staff training form)

People involved in development of plan

--

Form to be copied to

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#### Appendix 4: Parental agreement for school to administer medication

The school will not give your child medication unless you complete and sign this form. The school has a policy where staff can administer medication.

Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	

#### Details of medication

Name/type of medication (as described on container)	
Expiry date	
Dosage and method of administration	
Timing of administration	
Any special precautions or other instructions	
Can pupil self administer medication?	YES/NO
Procedures to take in an emergency	

**Note: medication must be stored in the original container as dispensed by the pharmacy**

#### Contact details

Name	
Relationship to pupil	
Daytime phone no	
I understand I must deliver the medication personally to	

Date of review \_\_\_\_\_

The above information is, to the best of my knowledge, accurate at the time of writing, and I give my consent for the school staff to administer medication in accordance with their policy, and the instructions given with the medication.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix 5: Record of medication administered to an individual child**

***Name of school/setting/academy***

Name of pupil	
Group/class/form	
Date medication provided by parent	
Quantity received	
Name and strength of medication	
Expiry date	
Dose and frequency of medication	
Quantity returned	

Staff signature: \_\_\_\_\_

Parent/carer signature: \_\_\_\_\_

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
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Time given			
Dose given			
Name of staff member			
Staff initials			

Date			
Time given			
Dose given			
Name of staff member			
Staff initials			

**Appendix 6: Staff training record**

***Name of school/setting/academy***

Name of staff member	
Type of training received	
Training provided by	
Profession and title	
Date training completed	

I confirm that \_\_\_\_\_ (*insert staff members name*) has received the training detailed above and is competent to carry out any necessary treatment/to administer medication.

I recommend that this training is updated \_\_\_\_\_

Trainer signature: \_\_\_\_\_

Date: \_\_\_\_\_

I confirm that I have received the training detailed above:

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested review date: \_\_\_\_\_