



Supporting Pupils with Medical Conditions

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Osborne
Co-operative Academy Trust

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Supporting Pupils with Medical Conditions

Pupils at Warren Primary School with medical conditions will be supported to play an active part in school, remaining healthy and able to achieve their academic potential, with full access to education, including school trips and physical education.

Section 100 of the Children and Families Act 2014 places a 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.

Pupils' medical needs may be broadly summarised as being of two types:-

Short-term affecting their participation at school and may require medication.

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents/carers feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case the Local Governing Body, acting on behalf of The Trust, must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice (2014) and the school's SEND policy / SEND Information Report and the individual healthcare plan will become part of the EHCP.

Responsibilities

Local Governing Body

The Local Governing Body must ensure that arrangements are in place in school to support pupils with medical conditions. In doing so, they should ensure that such children can access and enjoy the same opportunities at school as any other child. The school, Trust, Local Authority, health professionals and other support services should work together to ensure that children with medical conditions receive a full education.

The Local Governing Body should ensure that the school's leaders liaise with health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported. The needs of each individual child must be considered and how their medical condition impacts on their school life.

The Local Governing Body must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties. Policies should be reviewed regularly and be readily accessible to parents/carers and school staff.

The Local Governing body should carry out monitoring checks to ensure that:

The arrangements they set up include details on how the school's policy will be **implemented** effectively, including a **named person** who has overall responsibility for policy implementation.

- The school's policy covers the role of **Individual Health Care Plans**, and who is responsible for their development, in supporting pupils at school with medical conditions.
- **Written records** are kept of all medicines administered to children.
- That their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to **participate in school trips and visits, or in sporting activities**, and not prevent them from doing so.
- That **staff are properly trained** to provide the support that pupils need.
- That the school's policy sets out what should happen in an **emergency situation**.
- That the appropriate **level of insurance** is in place and appropriately reflects the level of risk, with **risk assessment** being carried, when appropriate.

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 for Local Authorities sets out that 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.

Parents/Carers Responsibilities

Parents/carers should provide the school with sufficient and up to date information about their child's medical needs. If school staff are to administer medication, the parent/carer must complete a consent form, verbal instructions are not acceptable. Only one parent/carer with parental responsibility is required to give consent. An Individual Health Care Plan may be put into place following consultation with the school, parent/carer and health team. Parents/carers must ensure that there is sufficient medication in school and that it is in date. They are also responsible for returning out of date medication to the pharmacy for safe disposal.

At the end of term parents/carers should check medication in school is still in date and will remain in date throughout the next term.

School Staff

- Will be made aware of any medical needs of new children joining the school
- Will ensure pupils in our care are safe and secure
- Are fully aware of the medical needs of pupils in their care
- Will follow the Individual Health Care Plan that has been put in place
- Keep medication labelled and accessible in lockable storage or out of reach of pupils
- Understand the needs of children in class and encourage pupils to have an awareness and empathy around their peers needs
- Staff will follow school procedures to administer any medication and inform parents/carers as necessary
- Remain vigilant on pupils medical conditions, well-being and emotional aid requirements
- Ensure paperwork is kept up to date
- The consistent adult in the classroom who is likely to be the LSA, should make colleagues aware of needs (year groups/PPA/supply staff)
- Communicate effectively with parents/carers with regards to medical concerns
- Ensure all staff are aware of the medical needs of the children in their care by ensuring a thorough handover is completed.

Be aware of policies with regards to medical concerns and be confident in following these policies.

Statement of intent

Students attending Warren Primary School with a long term medical condition which poses a risk to them at school or impacts on their ability to access school (meeting the above definition) must have an Individual Health Care Plan.

The school, healthcare professionals and parents/carers should agree, based on evidence, when an Individual Health Care Plan would be inappropriate or disproportionate. Where there is a discrepancy an appropriate healthcare professional should be asked to arbitrate. Individual Health Care Plans must:

- Be clear and concise.
- Be written in partnership with parents/carers, child, healthcare professional and key staff.
- Be reviewed annually or when there is a change in the condition of the child.
- Be easily accessible whilst preserving confidentiality.
- Contain details of the medical condition, its triggers, signs, symptoms and treatments.
- Include relevant SEND information.
- Provide details of the pupil'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, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons.
- Outline specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, changes to the school day and details of a personalised curriculum, requirements for extra time to complete SATs, use of rest periods or additional support in catching up with lessons, counselling sessions and any other requirement that should arise.
- Outline 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.
- State 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.

The school will:

- Ensure that pupils with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.
- Have an identified member of staff who will receive the relevant training to specifically meet the needs of a pupil with a EHCP linked to a medical condition.
- Be clear about what to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency health care plan prepared by their lead clinician that could be used in place or in addition to their Individual Health Care Plan.
- Make all staff working directly with pupils aware of the pupils in the school with medical conditions, through the Individual Health Care Plan.

- Provide sufficient training for staff to meet the needs of pupils at the school with medical conditions.

Good Practice

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. Pupils with a medical condition will not be denied admission or be prevented from taking up a place in school because arrangements for their medical condition have not been made.

Prescription medicines and health care procedures will only be given by staff following appropriate training.

Staff will not force pupils to take medicines or have necessary procedures against their will. They will aim to follow the procedure agreed in the Individual Health Care Plan and contact parents/carers when alternative options may need to be considered.

Staff should use their discretion and judge each case on its merits with reference to the pupil's Individual Health Care Plan. Staff should make sure inhalers and medication are out of reach of children but easily accessible to staff for pupils to administer their medication with adult supervision. Staff should give individual, personalised care to pupils even those with the same condition.

Staff should take the views of the pupil and their parents/carers into account; act on medical evidence and opinion but challenge it when appropriate.

Staff should encourage pupils with medical conditions to remain in school for normal school activities, including lunch, unless this is specified in their Individual Health Care Plans. Staff should supervise pupils with medical conditions if they become ill.

Staff should encourage pupils to drink, eat and take toilet or other breaks whenever they need to in order to manage their medical condition effectively.

Asthma

Children who suffer from asthma have airways which narrow as a reaction to various triggers which causes difficulty breathing. This can normally be controlled by using an inhaler.

- Asthma pumps must be sent into school and should have the child's name and date of birth, name and strength of medication, dose, dispensing date and expiry date. **It is the parent/carers responsibility to ensure all medication in school is in date.** If spacers are used, they too must be named.
- Parents/carers must complete an asthma care plan stating the type of pump(s) held in school and the expected frequency of use (see Appendix C)
- A record should be kept of each time a pupil uses their inhaler and this should be recorded in the class medical book. If they are using it excessively, parents/carers will be informed.

Inhalers must be readily available when pupils need them including PE lessons and offsite visits. Inhalers which are out of date must be returned to parents/carers to dispose of.

The school holds asthma inhalers for emergency use. These will only be used with parental permission or under emergency medical direction from 999.

Administration of Epipen

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within minutes of exposure to certain foods or other substances, but may happen after a few hours.

An epipen can only be administered by staff who have been appropriately trained. A record will be kept of all staff who have undertaken training. An epipen can only be used for the person for whom it is prescribed.

If an epipen is required, an Individual Health Care Plan will be put in place for the child by the school nurse or their health professional and must be provided to the school by the parent/carer. Epipens should be readily accessible for use in an emergency. All epipens must be sent to school in the original packaging displaying the pharmacist's original label **It is the parent/carers responsibility to ensure epipens in school are in date.** If an epipen is administered in school, this should be recorded as an incident and parents/carers informed immediately. An ambulance should be called immediately after an epipen has been administered. The used epipen must be given to the ambulance crew.

The school holds epipens for emergency use. These will only be used with parental permission or under emergency medical direction from 999.

Diabetes

Children with type 1 manage their condition by:

- Regular monitoring of blood glucose levels
- Insulin injections or use of insulin pump
- Eating a healthy diet
- Exercise

Insulin will be stored in the fridge in the medical room which is locked by a coded door.

Staff who are working with diabetic children will receive appropriate training. **It is the parent/carers responsibility to ensure insulin in school is in date.**

The Individual Health Care Plan should provide details regarding insulin requirements.

Controlled Drugs

Controlled drugs, such as Methylphenidate prescribed for children with ADHD, are controlled by the Misuse of Drugs Act. Therefore, it is imperative that controlled drugs are strictly managed between the school and parents.

Ideally controlled drugs are only brought in in small amounts and the amount of medication handed over to the school should always be recorded. Controlled drugs should be stored in a locked cupboard and only specific named staff allowed access to it. Each time the drug is administered it must be recorded, including if the child refused to take it.

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. The person administering the controlled drug should monitor that the drug has been taken. Passing a controlled drug to another child is an offence under the Misuse of Drugs Act.

As with all medicines any unused medication should be recorded as being returned back to the parent when no longer required. If this is not possible it should be returned to the dispensing pharmacist. It should not be thrown away.

Process for the Administration of Medicines in School

Written permission must be received from parents/carers for any medication to be given at school. Parents/carers must complete a medicine permission/consent form (Appendix A & Appendix B) and ensure that the school office is provided with the medicine in the original container. Prescription medication must have the pharmacist's label with the child's name clearly printed on it. Medicine must also be collected via the school office.

Prescribed medicines should be administered at home wherever possible and it is helpful if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. For example, medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Under no circumstances should a parent/carer send a child to school with any medicines, e.g. throat sweets/tablets, without informing the school. These could cause a hazard to the child or to another child if found and swallowed.

Process for the administration of medicines during residential visits and trips – all medical needs.

For the purpose of residential visits and trips, there will be a named person with responsibility for the administration of all medicines including antihistamine, paracetamol and travel sickness tablets. All medication must be sent to school in a clear bag clearly labelled with the child's name. Parents/carers must complete a consent form advising when medication should be given, the dose and authorisation for school staff to administer.

All medication will be stored securely.

Record Keeping

When staff administer medication a record must be made of the date, time and dose. Reasons for any non-administration of regular medication i.e. child's refusal, must be recorded and parent/carer informed on the same day. The Consent Form must be kept with the medication.

Under the Data Protection Act medical documents are deemed sensitive information. The information in the Individual Health Care Plan and/or related medical information where a Individual Health Care Plan is not necessary, needs to be disseminated to relevant staff but balanced with the need to keep confidential information secure. Individual Health Care Plans must not be displayed in a public place, e.g. staff room, because of the sensitive information they contain unless there is a clear, justified need to do so and the parent/carer has also given their explicit written consent for this. Where appropriate, pupils should also be consulted.

What is not acceptable:

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice 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 or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition 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 or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- 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; or
- 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 the child.

(Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England December 2015)

Complaints

Parents/Carers' concerns about the support provided for their child with a medical condition should be directed, in the first instance, to the designated lead for supporting pupils with medical conditions, Jacqui Pearce (Assistant Headteacher/SENCO) Where parents/carers feel their concerns have not been addressed, they should contact Ms Vashti Green (Co-Head of School) or Mrs Charlie Evans (Co-Head of School). If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. (See website for details)

Supporting documents:

Children and Families Act 2014 - section 100

Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE Sept 2014

0-25 SEND Code of Practice, DfE 2014

Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014

Equalities Act 2010

Schools Admissions Code, DfE 1 Feb 2010

Appendix A

Consent Form for On-going Medicine needed as required

Name DOB
Class

Medicine Name To be stored cupboard/
fridge (delete)

Date from Until/ further
notice

Medical Condition
.....

Details of dosage/application to be given
.....

Circumstance and/or Frequency of dosage
.....
.....
.....

During normal school hours (08:45 – 15:20)

☐ I hereby give permission for the school's designated person to administer the above medicine to my child during normal school hours.

During Warren Weavers Session(s) only (*Strike through if not applicable*)

☐ I hereby give permission for Warren Weavers' designated person to administer the following medicine to my child during Warren Weavers.

I understand that the staff may contact me to ascertain when the last dosage has been administered in order to make an informed judgement about administration.

Signed Name(Parent/Carer) Date
.....

School /Weavers office use only:

Name of staff member receiving form and medicine SLT signature
required.....

(Initials) ☐ Copy for School Medical Log
applicable

(Initials) ☐ Copy for Weavers if

Appendix B

Medicine Consent Form

Name DOB Class

Medicine Name To be stored cupboard/ fridge
(delete)

Medical Condition
.....

Date to be administered fromUntil
.....

During normal school hours (08:45 – 15:20)

☐ I hereby give permission for the school's designated person to administer the above named medicine to my child during normal school hours.

Actual dosage to be given at 12noon

☐ I understand that medicine will only be administered at 12 noon.

During Warren Weavers Session(s) only (*Strike through if not applicable*)

☐ I hereby give permission for Warren Weavers' designated person to administer the following medicine to my child during Warren Weavers.

Actual dosage to be given

Time to be administered

Signed NameParent/Carer Date

.....

School /Weavers office use only: Name of staff member receiving form and medicine

.....

(Initials) Copy for School Medical Log

(Initials) Copy for Weavers if applicable

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Openness Honesty Social Responsibility Caring for Others



My Asthma Plan

1 My usual asthma medicines

- I need to take my preventer inhaler every day. It is called _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if my asthma's OK.
- Other asthma medicines I take every day: _____
- My reliever inhaler helps when I have symptoms. It is called _____ and its colour is _____
- I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler when I do sports or activity, I need to see my doctor or asthma nurse.



2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe **or**
- I need my reliever inhaler (usually blue) three or more times a week **or**
- My peak flow is less than _____ **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better



URGENT! If your blue reliever inhaler isn't lasting four hours you need to take emergency action now (see section 3)



Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

Other things to do if my asthma is getting worse

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts **or**
- My peak flow is less than _____

If I have an asthma attack, I will:



Call for help



Sit up — don't lie down. Try to be calm.



Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.



If I don't have my blue inhaler, or it's not helping, I need to call **999** straightaway.



While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse **today**.

