



NETLEY ABBEY JUNIOR SCHOOL
SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

Shirley Nicholas-Bond
Signed: Dated:

Chair of Governors:
Signed: Dated:

Review Cycle	Annually
Policy prepared by/Reviewed by	Business Manager
Committee responsible	FGB
Statutory/Discretionary/School	Statutory
Date of latest FGB approval	January 2019
Date of next review by FGB	January 2020
Reviewed 12/12/18 Reviewed Jan 19	

Intentionally Kept Blank

Introduction



**Supported and recommended by Hampshire
Healthy Schools Team**



Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school, to make arrangements for supporting children at their premise with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their 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.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key Roles & Responsibilities

- The Governing body will make arrangements to support pupils with medical conditions in school and ensure that they are supported to enable as full participation as possible in all aspects of school life. The Governing body will ensure school policies for supporting pupils with medical conditions are developed and implemented.
- The Head teacher will ensure that policies are developed and effectively implemented with partners and ensure that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Head teacher will also ensure that all staff who need to know are aware of the child's condition and that there are sufficient trained staff available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

- The SENCo will work with the headteacher to develop and implement policies for supporting pupils with medical conditions that also have an Education Health Care Plan.
- At Netley Abbey Junior School a number of school staff have received training in the administering of medicines. Although administering medicines is not part of teachers' professional duties, they can provide other support and should take into account the needs of pupils with medical conditions that they teach.

We work closely with relevant local health services to ensure the medical needs of children are met and effectively supported. These include; school nurse, paediatricians, CAMHS and specialist teacher advisors.

- The local authorities Schools Nurse Service is responsible for notifying the school when a child has been identified as having a medical condition and who will require support in school. Wherever possible, they will do this before the child starts at the school. They should have the lead role in ensuring that pupils with medical conditions are properly supported in schools, including supporting staff on implementing a child's plan. They should liaise with lead clinicians on appropriate support for the child and associated staff training needs.
- GPs and paediatricians (or other appropriate healthcare professional) - 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.
- The local authority provides support, advice and guidance and offers training for school staff to ensure that the support specified within individual healthcare plans can be delivered effectively. We work with the Local authority 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 then the local authority has a duty to make other arrangements
- Parents should provide the school with sufficient and up-to-date information about their child's medical need and notify the school if their child has a medical condition. Parents will be involved in the development and review of their child's individual healthcare plan and should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local Arrangements

Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the process outlined in the document 'Process for identifying children with a health condition' produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs to ensure that we have appropriate arrangements in place prior to the child commencing at the school to support them accordingly.

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as the child starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities. We annually send out a data sheet to parents which includes information about medical conditions and medication to ensure pupil records are up to date.

If a pupil is newly diagnosed when attending school, a meeting may be held with the parents and health professionals to discuss medical needs and if necessary, complete an Individual Health Care Plan. The meeting should take place within two weeks of the school being informed.

The production of IHPs will follow the guidance in 'Supporting pupils in school with medical conditions' Department for Education April 2014.

School staff are informed and regularly reminded about the children's medical conditions;

- ✓ through staff meetings.
- ✓ through scheduled medical conditions updates.
- ✓ needs led meetings will be held should a child's health needs change over time.
- ✓ supply staff are informed of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies.
- ✓ staff will be made aware of any Individual Health Care Plans as they relate to their teaching/supervision groups.
- ✓ Individual Health Care Plans for children are kept in the main office and a copy is in the medical box in the classroom where they are accessible to all staff involved in caring for the child.
- ✓ copies are on display in the medical room.
- ✓ further copies and full medical records are stored in the child's SEN file.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Individual health care plans

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Headteacher to work with parents and relevant healthcare professionals to write the plan.

A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Headteacher will work in partnership with the parents/carer, and a relevant healthcare professional eg. school, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in a statement or Educational Health Care (EHC) plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the individual healthcare plan.

We will use the individual healthcare plans provided by the relevant Healthcare professionals and in the absence of this, the template produced by the DfE to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), that we will work with Hampshire County Council and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Plans will be reviewed at least annually, or earlier if needs have changed. A copy of the IHCP will be given to parents/carers, class teachers/childcare practitioners and a copy will be retained in the medical needs file in the office and the child's individual file.

When deciding what information will be recorded on individual healthcare plans, the governing body have considered the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- 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 and environmental issues, e.g. crowded corridors, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- 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;
- 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;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual

Staff training

All new staff will be inducted on the policy when they join the school through reading the policy. Records of this training will be stored in the staff training file.

All staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in its implementation. This training will be carried out annually or on a review of the policy.

The awareness training will be provided to staff by inset day training and/or meeting.

We will retain evidence that staff have been provided the relevant awareness training on the policy by record sheets.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions.

The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

Any training undertaken will form part of the overall training plan for the school and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

A Staff training record will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training.

The child's role

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity). It is the parents/ health care professional's responsibility to ensure that the child knows how to administer the medication correctly.

Where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

Managing medicines on School Premises

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), A documented tracking system to record all medicines received in and out of the premises will be put in place. The tracking system used is The Children's Services Medication Tracking Form. The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. Insulin is the exception, which must still be in

date but will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Children who are able to use their own inhalers themselves are encouraged to carry it with them. (It is the parents responsibility to ensure that inhalers are in date and clean). If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short term basis (Where the school have concerns they will seek further guidance from their link School Nurse). This includes medicated throat sweets which should be handed into reception and not given to the child for adhoc use.

We will never administer aspirin or medicine containing Ibuprofen to any child unless prescribed by a doctor.

It is our policy to give appropriate doses of liquid paracetamol and liquid Anti-histamine if written consent from parents has been received in advance of administration. If we need to give a dose prior to 1pm we will check with parents that they have not previously taken any medication in the previous 4 hours . We will always inform parents what we have administered.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

Emergency medicines will be stored in a safe location but not locked away to ensure they are easily accessible in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise.

Where medicines need to be refrigerated, they will be stored in the staff refrigerator in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to children and not locked away. We will also ensure that they are readily available when outside of the school premises or on school trips.

Storage of medication whilst off site will be maintained at steady temperature and secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of individual health care plans will be taken off site to ensure appropriate procedures are followed.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through Suez who will remove them from site

Medical Accommodation

The main office and MI room will be used for all medical administration/treatment purposes. The location/room will be made available when required.

Record keeping

A record of what has been administered by staff including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of

the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

Day trips/off site activities

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities with in reasonable adjustments.

We will consider what 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 needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Other issues

Two Salbutamol Asthma inhalers will be kept in the main office for emergency use only, and one will be available to take on trips. These will only be used by a child with an individual health plan for asthma, or under the direction of a medical professional and will only be administered if prior written parental/carer consent for the use of the emergency inhaler is held.

Unacceptable practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, 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 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, eg. 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 eg. by requiring parents to accompany the child.

Liability and Indemnity

Staff at the school are indemnified under the County Council self insurance arrangements.

The County Council's is self insured and have extended this self insurance to indemnify school staff who have agreed to administer medication or under take a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Complaints procedure.

- ✓ Any concerns should initially be directed to the classteacher.
- ✓ Unresolved concerns should be referred to the headteacher.
- ✓ There is a school SEND Governor available if you feel your concerns need to be taken further.

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal compliant via the school's complaints procedure.

Process for developing Individual Healthcare plans

**Child diagnosed or child to attend a new school.
Medical forms regularly sent to parents to ensure records are up to date.**



School informed of a need for an individual health plan through parents or health care professionals



Head Teacher coordinates a meeting to include parents, and relevant health professionals and key school staff



If necessary, the Head teacher will seek medical advice prior to the meeting.



Develop IHP through discussion between the parent/carer and the professionals involved and agree who will write it.



School Staff training needs identified and training arranged.



IHP implemented and shared with relevant staff



IHP monitored and any issues relating to its implementation should be fed back immediately to the Head Teacher



IHP reviewed at least annually or when conditions changes.



Course	Staff Name	Date of Last Training	Certificate Received	Date of Next Training
Schools first aid (inc epi pen)	LC	2019 11	Yes	2022 11
Schools first aid (inc epi pen)	LE	2019 11	Yes	2022 11
Schools first aid (inc epi pen)	SM	2019 02	Yes	2022 02
Schools first aid (inc epi pen)	VL	2019 02	Yes	2022 02
Schools first aid (inc epi pen)	JC	2019 02	Yes	2022 02
Schools first aid (inc epi pen)	AL	2019 11	Yes	2022 02
Schools first aid (inc epi pen)	ES	2019 11	Yes	2022 02
Schools first aid (inc epi pen)	BW	2019 11	Yes	2022 02
First aid at work	LH	2017 12	Yes	2020 12
	SK	2018 10	Yes	2021 10
	DG	2019 07	Yes	2022 07
Emergency First Aid at Work	LS	2019 12	yes	2022 12
	KC	Nov-17	Yes	2020 11
Paediatric First Aid 12 Hours Management and Administration of Medicines	MC	Jan-18	Yes	2021 01
	LS	Dec-18	Yes	2021 12
	SK	Jun-16		
Management and Administration of Medicines – Training by way of Reading	LC	Dec-17	n/a	
	SM	Dec-17	n/a	
Asthma, anaphylaxis Allergies (delivered by Prescription Training)	SK	Nov-17	Yes	2020 01
	LH	Nov-17	Yes	2020 01
	KK	Nov-17	Yes	2020 01
	KW	Nov-17	Yes	2020 01
	RT	Nov-17	Yes	2020 01
	JH	Nov-17	Yes	2020 01
	JB	Nov-17	Yes	2020 01
	JG	Nov-17	Yes	2020 01
	LB	Nov-17	Yes	2020 01
SL	Nov-17	Yes	2020 01	
Diabetes awareness training (delivered by Paediatric diabetes nurse)	SK	Sep-16		
	SNB	Sep-16		
	LP	Sep-16		
	LH	Sep-16		