

Medical Needs Policy

adapted and reviewed by

Dowson Primary Academy

Contents

1. Introduction
2. Key Principles
3. Role of the Governing Body
4. Medical conditions register/list
5. Individual Healthcare Plans (IHPs)
6. Transport arrangements
7. Education Health Needs (EHN) referrals
8. Medical
9. Complaints
10. Related policies
11. Appendix 1 – Individual Healthcare Plan for pro forma
12. Appendix 2 – Medical Indemnity Form
13. Appendix 3 – Parental/Carer request for child to carry his/her own asthma medicine form
14. Appendix 4 – Record of medicine administered form

1. Introduction

Aim

The Enquire Learning Trust aims to ensure that students with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows.

Scope

This policy has been developed in line with the Department for Education’s statutory guidance released in April 2014 – “Supporting pupils at school with medical conditions” under a statutory duty form section 100 of the Children and Families Act 2014. The statutory duty came into force on 1st September 2014, it was replaced in December 2015 and reviewed in August 2017. It also complies with the Early Years and Foundation Stage Statutory Framework April 2017.

The Trust will have regard to the statutory guidance issued. We take account of it, carefully consider it and ensure compliance to it.

Ofsted places a clear emphasis on meeting the needs of students with SEN and Disabilities, also including those students with medical conditions.

This policy also complies with Schools Admissions Code 2012.

2. Key Principles

* Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
* The Academy Improvement Committee ensures that arrangements are in place in schools to support students at school with medical conditions.
* The Academy Improvement Committee ensures that Academy’s Leadership Team and other professionals consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
* For pupils with SEND, this guidance should be read in conjunction with the SEND Policy.

3. Role of the Academy Improvement Committee

The Academy Improvement Committee;

* Will ensure that arrangements are in place to support pupils with medical conditions. In doing so they will ensure that such pupils can access and enjoy the same opportunities at the academy as any other pupil.
* Ensures that the focus of arrangements is on the needs of each individual pupil and how their medical condition impacts on their school life so that the full range of medical conditions including those that require support at school, affect quality of life and/or may be life-threatening will be catered for.
* Make sure that the academy’s arrangements give both parents and pupils confidence in the academy’s ability to provide effective support for medical conditions in school. ensure that staff are properly trained to provide the support that pupils need.
* Ensure access to a full time education at the academy, unless this would not be in student’s best interests because of their health needs, after discussion with parents and other professionals.
* Ensure that statutory obligations are met in line with their Safeguarding Duties.

The Principal is responsible for:

* Ensuring the policy is developed effectively with partner agencies and then making employees aware of this policy.
* The day-to-day implementation and management of this policy.
* Liaising with healthcare professionals regarding the training required for staff.
* Identifying employees who need to be aware of a pupil’s medical condition.
* Developing Individual Healthcare Plans (IHPs). Where practicable incorporated in to EHC Plans.
* Ensuring a sufficient number of trained members of employees are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
* Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
* Continuous two-way liaison with school nurses and school in the case of any pupil who has or develops an identified medical condition.
* Ensuring confidentiality and data protection
* Assigning appropriate accommodation for medical treatment/ care

Staff members are responsible for:

* Taking appropriate steps to support pupils with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. *A first-aid certificate is not sufficient*.
* Knowing where controlled drugs are stored and where the key is held.
* Taking account of the needs of pupils with medical conditions in lessons.
* Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
* Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

Parents and carers are responsible for:

* Keeping the academy informed about any new medical condition or changes to their child/children’s health.
* Providing written documentation of medical needs from medical practitioners.
* Participating in the development and regular reviews of their child’s IHP.
* Completing a parental consent form to administer medicine or treatment before bringing medication into academy.
* Providing the academy with the medication their child requires and keeping it up to date including collecting leftover medicine.
* Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

Pupils are responsible for:

* Providing information on how their medical condition affects them.
* Contributing to their IHP
* Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Training of staff:

* Newly appointed teachers, supply or agency staff and support staff will receive training on the ‘Supporting Students with Medical Conditions’ Policy as part of their induction.
* The clinical lead for each training area/session will be named on each IHP.
* Staff training may be provided by specialist nursing teams for some conditions. The Inclusion Co-ordinator has also been authorised by a Registered General Nurse and the School Nursing team to deliver Medicine Administering and Recording training, general training and asthma training. It is also recognised in current legislation that the information from parents and the instructions on the medication/label/box/information sheet in most cases will be sufficient “training”. SECTION 19 Supporting Pupils at School with Medical Conditions.
* Specific Administering and Recording Training will be providing by the Academy for authorised staff only.
* The Academy will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy. They will notify Health & Safety DCC, and Risk, Insurance & Governance Manager, DCC.
* There must be sufficient members of staff who will manage medicines. This may involve participation in appropriate training.
* Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance if necessary. They will also be made aware of possible side effects of the medicines, and what to do if they occur.
* Teachers’/academy staff conditions of service do not include any legal or contractual obligation to administer medicine or to supervise a pupil taking medicines. **Agreement to do so is voluntary***.*
* All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
* At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with appropriate training and advice if necessary.

4. Medical conditions register /list:

* During admission interview we ask about pre-existing medical conditions prior to the student starting
* Parents are able to contact the academy at any point as soon as a condition develops or is diagnosed. We operate an open door policy.
* We have a medical needs register which is, updated and reviewed at least termly by the Pastoral Team
* Students on the list are identified in each class file so teaching staff are able to make reasonable adjustments to teaching and care.
* Volunteers and support staff also have access on a need to know basis.
* The progress, attainment and well-being of all students on the medical conditions register is considered at our six-weekly Quality of Provision meetings to inform changes to provision if necessary. Outcomes are discussed and shared with parents.
* All data sharing protocols are adhered to protect confidentiality.
* For students on the medical conditions list, multi professional meetings are undertaken at key transition points meetings to enable parents, academy and health professionals to prepare IHP and train staff if appropriate.

5. Individual Healthcare Plans (IHPs):

* When a student has complex medical needs an Individual Healthcare Plan (IHP) will be developed in collaboration with the student, parents/carers, Principal, Special Educational Needs Coordinator (SENCO) and medical professionals.
* IHPs for conditions with potential life-threatening implications will be displayed in the Staffroom and offices for ease of access of all professionals and volunteers. Parental agreement must be sought if a child’s image is used.
* For all conditions IHPS will be available in the Class Management Files which are accessible to all adults and are kept in the classroom.
* IHPs will be reviewed at least annually or when a child’s medical circumstances change, whichever is sooner.
* Where a student has an Education, Health and Care plan or special needs statement, the IHP will be linked to it or become part of it.
* Prior to students re-integrating after a period of hospital education, alternative provision or home tuition, collaboration between the provider and academy is undertaken to ensure smooth transition.
* When developing an IHP we will consider 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 and dining areas;
* specific support for the pupil’s educational, social and emotional needs – e.g., managing absence, additional time in tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
* the level of support needed, 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;

6. Transport arrangements

* Where a student with an IHP is allocated school transport we will liaise closely with the Local Authority who will arrange for the driver and/or escort to participate in the IHP meeting. A copy of the IHP will be copied to the Transport team and kept on the student record.
* The IHP must be passed to the current operator for use by the driver /escort and the Transport team will ensure that the information is supplied when a change of operator takes place.

7. Education Health Needs (EHN) referrals

All students of compulsory academy age who because of illness, lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the Tameside local authority’s duty to arrange educational provision for such students.

8. Medicines

These will be managed in line with The Enquire Learning Trust’s Management of Medicine Policy 2016

Emergencies

* Medical emergencies will be dealt with under the academy’s Emergency Procedures Policy which is communicated to all relevant staff so they are aware of signs and symptoms.
* Students will be informed in general terms of what to do in an emergency such as telling a teacher.
* If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Day trips, residential visits and sporting activities

* Flexible arrangements are made to ensure students with medical conditions can participate in academy trips, residentials, sports activities and not prevent them from doing so unless a clinician states it is not possible.
* Risk assessments for such activities will be undertaken by a member of the Pastoral Team and Health and Safety Lead in line with the Enquire Learning Trust H&S Policy. risk assessments should be undertaken, in line with H&S executive guidance on academy trips, in order to plan for including students with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the academy day.

Managing Medicines in School

This policy sets out the steps that The Enquire Learning Trust will take to ensure full access to learning for all children who have medical needs when attending academy. It has been devised in light of the DfES guidance *Managing Medicines in Schools and Early Years Settings* issued March 2005. It also complies with the Early Years and Foundation Stage Statutory Framework April 2017 and Supporting Pupils at school with Medical Conditions December 2015.

Managing prescription medicines that need to be taken during the academy day.

* Parents/carers must provide full written information about their child’s medical needs.
* Short-term prescription requirements must only be brought to academy if it is detrimental to the child’s health not to have the medicine during the academy day*.* Where possible it is the responsibility of parents/carers to arrange the timing of medication so that it is not necessary for it to be administered during the academy day.
* Prescribed medication can only be given to the person it has been prescribed to.
* Medicines must always be provided in the original container as dispensed by a pharmacist and should include the prescriber’s instructions for administration. In all cases this should include:
* Name of child
* Name of medicine
* Dose
* Method of administration
* Time/frequency of administration
* Any side effects
* Expiry date
* The academy will **not** accept medicines that have been taken out of the container as originally dispensed/sold, nor make changes to prescribed/recommended dosage.
* Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber’s instructions.
* For the safety of others, all controlled drugs and medications will be stored securely in the medicine cupboards, with the exception of emergency medications which will be accessible as needed.
* All medicine will be collected by the parents/carers or nominated responsible adult when no longer required. It is the responsibility of the parents/carers to dispose of the medicine in a safe manner.
* Medicines that are not prescribed may be given for certain health conditions. These can only be given for a maximum of 2 days (unless advised longer by a clinician in the case of an injury/treatment plan). IHPs and Child Risk Assessments will reflect the need and A Request to Administer Medication form will need completing by the parent confirming advice form GP/hospital/clinician. Supporting evidence may be provided by parents and sought by school. School may contact the school nursing team for further clarification or instruction.

Procedures for managing prescription medicines on visits and during other activities

The academy will make reasonable adjustments to enable children with medical needs to participate fully and safely on visits and during other activities.

* Where necessary, planning arrangements for visits and other activities will be made in consultation with the parents/carers. Further advice may be sought from the academy health service or, with permission from the parents/carers, from the child’s GP or specialist nurse.
* Where appropriate, a specific risk assessment will be completed before the visit or other activity takes place.
* The academy will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child’s ability to participate in PE will be recorded on his/her Health Care Plan.
* Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising activities must be made aware of relevant medical conditions and will consider the need for a specific risk assessment to be made.

The roles and responsibilities of staff managing medicines, and for administering or supervising the administration of medicines

* The administration of medicines will include arrangements for storage, record keeping and supervision.
* Wherever possible the child will self-administer his/her medicine under supervision
* Close co-operation between the academy, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
* It is important that the arrangements for a child’s medical needs are clearly defined.
* The Pastoral Team ensures all staff are informed of the arrangements that have been made to administer medicine to a child. This includes sharing the arrangements with any temporary staff.
* The administration of a controlled drug will be witnessed and signed off by an additional adult.
* If a child refuses to take medicine, staff will not force him/her to do so. Staff will record the incident and inform the parents/carers on the same day. If refusal to take the medicine results in an emergency, the academy’s normal emergency procedures will be followed.
* If in doubt about a procedure, staff will not administer the medicine and will check with the parents/carers or a health professional before taking further action.

Record keeping

* The parents/carers will tell the academy about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff will make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by new directions on the packaging of the medicine.
* **Medicine Adminstration Form** will be used to request the administering of medicine by academy staff. Consent forms should be delivered personally by the consenting parents/carers. Staff must check that any details provided by parents/carers, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
* **Request for a child to carry his/her own medicine form** should be used for students who are able to administer medicines themselves.
* It is the responsibility of the parents/carers to monitor when further supplies of medicine are needed in the academy.
* **A Record of Medicine Administered** must be kept of the medicine given to a pupil except for self-administered asthma inhalers. This record must be signed by the member of staff administering the medicine and countersigned by another member of staff witnessing the procedure and dosage.

Safe storage of medicines

* Medicines will be stored strictly in accordance with product instructions paying particular note to temperature and in the original container in which dispensed.
* The container must be clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
* Where a child needs two or more prescribed medicines, each will be in its original container.
* Any medicines that have been transferred from an original container will not be accepted. Medicines must not be transferred out of the original container whilst in academy.
* Except for medicines such as asthma inhalers and adrenaline pens, all medicines will be kept securely in the locked medicine cupboard.
* Children will be informed where their own medicines are stored and how the medicine will be administered.
* Medicines that need to be refrigerated will be kept in a refrigerator that is not accessible to children.

Disposal of Medicines

* Staff will not dispose of medicines. The parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
* Parents/carers are responsible for collecting medicines held at the end of each term.
* Any out of date or no longer needed medicines not collected at the end of the school year will be returned to the local pharmacy by a member of the Pastoral Team.

Hygiene and Infection Control

* All staff are made aware of the precautions for avoiding infection and basic hygiene procedures.
* Staff have access to protective disposable gloves if appropriate.

Risk assessment and management procedures

This policy operates within the context of the Enquire Learning Trust’s Health and Safety Policy 2016 and will:

* ensure that risks to the health of others are properly controlled;
* provide, where necessary, individual risk assessments for pupils or groups with medical needs; and raise awareness of the health and safety issues relating to dangerous substances and infection.

Unacceptable practice

* Preventing children from easily accessing medication and administering their medication when and where necessary.
* Assuming that students with the same condition require the same treatment.
* Ignoring the views of the student, their parents and/or ignoring medical evidence or opinion.
* Sending students home frequently or preventing them from taking part in activities.
* Leaving the student unaccompanied at any stage when they are ill.
* Penalising students with medical conditions for their attendance record where the absences relate to their condition.
* Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition

Insurance

* Teachers who undertake responsibilities within this policy are assured by the Principal that are covered by the Enquire Learning Trust and academy’s insurance.
* Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should may access them via the Academy Business Manager

9. Complaints

Details of how to raise complaints are available in the Enquire Learning Trust Complaints Procedures available on the Trust’s website [www.enquirelearningtrust.org](http://www.enquirelearningtrust.org)

Additional

**Administering Medicine**

Only authorised staff may administer medicine or have access to the locked cabinets.

The following procedure must be followed in each case

* Deal with each child one at a time
* Check Medicine Record for last dose
* Wash hands
* Remove medicine from lockable cupboard
* Lock the cupboard
* Follow instructions on label/Administering Medication Form with regards to preparation and dosing
* Administer Dose
* Return medicine to cupboard with washed spoon if used
* Provide follow up care if needed
* Record

At Dowson Academy - The Inclusion Co-ordinator has also been authorised by a Registered General Nurse and the School Nursing team to deliver Medicine Administering and Recording training, general training and asthma training.

**Pupil Self-Management Protocol**

Some medication may be managed and administered by a child. This will usually only be considered for inhalers or creams. A Health Care Plan and/or Medicine Administration Form and Record will still need to be completed. Children are encouraged to be involved in the management of their condition and care and will be asked for their input on the Health Care Plan. Adults will often be unaware of how a child is feeling unless they tell someone. Again school and parents will need to support the child with this.

The child is responsible for informing an adult when they have self-administered in order for it to be recorded. We must however recognise the risk that the child may not inform an adult. Ultimately this will be the responsibility of the parent/carer and not the school. School may refuse self-management if they feel it is not in the best interests of the child.

**Child Returning After Injury/Surgery**

A risk assessment will be completed with the parent upon the child’s return to school in order to address and review their needs and potential risks. A Health Care Plan in most cases will not be needed as this is a long term plan. A Medication Administration Form may be required if medication is to be administered in school.

**Asthma Management**

Asthma is a serious condition that for most children is well managed. If a child has an asthma attack, it is potentially life threatening and must be treated as an absolute priority. They must have immediate access to their medication at all times. Follow their Health Care Plan and the up to date Asthma Emergency Treatment Procedure which is kept in each Class First Aid Bag, First Aid cupboard and First Aid area.

When the attack is controlled inform staff who will be with the child for the remainder of the day and inform the parent. If they are not settling follow the emergency procedure. It is better to react quickly than to leave it too late.

The academy also provides inhalers and disposable spacers for use in an emergency.

**First Aid**

Any child involved in an accident must be checked for First Aid needs. Any injury requiring First Aid must be recorded on the child’s individual record in the First Aid Log. If a child requires frequent First Aid, the parent will be consulted. Each recording must be dated and the staff administering must print their name. Ensure a parent is contacted if you feel the child needs to go home/ be observed or if you are any doubt. If the injury is minor a note will be sent home to inform the parent. Any accident requiring medical attention will also need to be recorded in the Accident Book which is monitored by the LA. All head injuries will be reported to the parent/carer at the time by phone.

**Sickness/Diarrhoea**

Ensure parent is contacted and the child must go home, current guidelines state that for sickness and diarrhoea a child must remain off school until they have been clear for 48hours if viral. No child will be taken on a school trip if they have had sickness or diarrhoea within 48 hours of the trip if it is suspected as viral. However school does accept and recognise that certain medical conditions, over-eating or over-excitement can induce vomiting and the 48 hour rule need not be applied if the child feels well.

**Information Sharing**

Information sharing between all staff is vital. By signing a Health Care Plan parents are agreeing to the information being shared. A copy of a child’s Health Care Plan will be kept in the Class Management File. Any member of staff covering a class must make themselves aware of the contents of this file and therefore individual needs within that class.

If a parent informs school of any changes for the child ensure this is recorded on the class copy and give a copy to Inclusion Co-ordinator who will update all records.

The Administering Medication Form and Record will be kept in the medicine forms file in the office.

In line with medical confidentiality school will not contact or refer to health agencies or professionals without permission from the parents.

In line with Child Protection and Safeguarding procedures, information must be shared with agencies, when necessary for the purpose of a Child Protection Investigation.

Health Care Plans will be transferred to the child’s next school to ensure continuation of care.

**Awareness of Cultural and Religious beliefs**

School respects the cultural and religious beliefs of our children and their families. In cases of emergency where school must act in loci parentis the child’s health will always be the first priority.

Dowson Academy only:

**Dowson’s Den Provision**

This policy extends to all provision in school. However Dowson’s Den is a child care arrangement and not an educational entitlement, a child needing significant levels of care that impacts on the care provided to other children may need to have an individualised arrangement.

If a child is attending Dowson’s Den a member of academy staff from the child’s year group will need to inform staff of location and record of medication administered and vice versa. Dowson’s Den staff will then inform the parents. Dowson’s Den staff act in loco parentis before and after school and so will need to be kept informed, therefore we must ensure communication is strong between parent/Dowson’s Den and Academy staff.

Children attending Holiday Clubs from other schools will also need to have the relevant forms completed and the Dowson’s Den and the Inclusion Co-ordinator will facilitate this when parents inform school of a medical or medicinal need.

10. Related Policies

* Health and Safety Policy
* Child Protection and Safeguarding Policy
* Educational Visits Policy
* SEND Policy
* Emergency Procedures Policy