



Medical Conditions Policy

Supporting Pupils with Medical Conditions Policy

This policy has been written in accordance with DfE guidance for '**Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England' April 14**' and in accordance with the following acts – 1996 Education act and Equality Act 2010, Children and Families Act 2014, Code of practice 2014.

A nominated member of the Senior Leadership Team will be responsible for ensuring the policy is regularly reviewed and is pertinent to the practice at Piper Hill. Working in conjunction with the School Nurse they are also responsible for ensuring that sufficient staff are suitably trained, that all relevant staff will be made aware of the child's condition (inc. staff on cover in the event of regular staff absence), that risk assessments for school visits and other school activities outside of the normal timetable are in place and monitoring of individual healthcare plans takes place in line with the School Nurse.

Aims of the Policy:

The policy follows statutory guidance to ensure all pupils with medical conditions are supported so that they have full access to education, including offsite educational visits and PE lessons. The governing body MUST ensure that arrangements are in place to support pupils with medical conditions, they should ensure school leaders consult health and social care professionals, pupils and parents to ensure the needs of all children with medical conditions are supported effectively so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Anyone caring for children including teachers and other school staff in charge of children have a common law duty of care to act like any reasonably prudent parent. This applies all staff; where they need to make sure that children are healthy and safe. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

The school works in partnership with parents/carers and other professionals in meeting the complex health needs of pupils who require it. Parents can feel confident that school will support their child's short term and long term medical needs and that they will be supported during long term absences as well as being supported in returning to school after a long period of time. School will ensure the health needs of the child are considered in the Education, Health and Care (EHC) plan.

Children's views are sought, where possible, and consideration is given to their emotional wellbeing in managing their health needs, this includes supporting them when they are anxious or worried and in helping them to integrate fully into school life whilst meeting their health needs. Consideration is also given to individuals when they are absent for long periods of time including being hospitalised.

Roles & Responsibilities:

The role of the governing body:

- The governing body **must** ensure that arrangements are in place to support pupils with medical conditions in accessing and enjoying the same opportunities as any other child. Some of our pupils have medical conditions that are long term, ongoing and complex.
- The governing body will ensure that the focus is on the needs of each individual child and consider how their medical condition/s impacts on their school life, including during admission to the school and managing any changes that occur in a child's health. In cases such as a new diagnosis or mid-year admissions, every effort should be made to ensure that arrangements are put in place within two weeks.
- The governing body will ensure that parents are confident in the school's ability to support their child's medical needs effectively. The school is sympathetic to their child's medical conditions and understand how they impact on their child's ability to learn, ensure that their child will be confident in knowing their medical needs will be met, increase their confidence and promote independence and self-care wherever possible.
- Governing bodies **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.
- The governing body is committed to reviewing the policy every three years, ensure staff are made aware of the child's medical conditions and that they are suitably trained in meeting the medical needs of the child, including gastrostomy care, suctioning, tracheostomy care, administration of medication, etc. and that health plans are written in conjunction with the school nurse.
- The governing body will monitor school practice.

The role of the Headteacher:

- The Headteacher should ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- The Headteacher should ensure that all staff who need to know are aware of the child's condition.
- They should also ensure that sufficient trained staff are available to implement the policy, and deliver against all individual healthcare plans, including in contingency and emergency situations.
- They should also make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way.

- They should 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.

School staff:

- All teaching assistants will be responsible for administering medicines (after being dispensed by the nurse or a member of SLT) to pupils as outlined in their job descriptions. The member of staff responsible for administering the medication must witness the medication being dispensed. Members of school staff may volunteer to provide emergency rescue medication for medical conditions including epilepsy and asthma. Staff should receive suitable training and be competent before they take on responsibility to support children with medical conditions.
- Although administering medicines is not part of teachers' professional duties, should teachers wish to give medication, they will be able to access the appropriate training on a voluntary basis. Aside from administration of medicines, they should provide other support as needed and take into account the needs of pupils with medical conditions that they teach.

School nurse or other qualified healthcare professional:

- In a school with a large number of students having complex medical issues, this role is critical.
- They are responsible for notifying the school when a child has been identified as having a medical condition, and will require support in school. Wherever possible, they should 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 healthcare plan. They should liaise with lead clinicians on appropriate support for the child and associated staff training needs.
- The school nurse has responsibility to keep written records for when medication has been both dispensed and administered.
- The school nurse will work with the Headteacher to determine the training needs of school staff and agree who would be best placed to provide the training. The school nurse or other suitably qualified healthcare professional should confirm that school staff are proficient to undertake healthcare procedures and administer medicines.

GPs and paediatricians (or other appropriate 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.

Local authorities:

- Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and the NHS Commissioning Board, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a school because of their health needs then the local authority has a duty to make other arrangements

Providers of health services:

- Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses, and participation in locally developed outreach and training.

Clinical commissioning groups:

- Clinical commissioning groups should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

Pupils:

- Pupils should be involved in meeting their own medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan/s; including the use of objects of reference and symbols.

Parents:

- Parents should provide the school with sufficient and up-to-date information about their child's medical needs.
- They are required to give consent for medication to be administered whilst their child is in school.

- They are a key partner and should be involved in the development and review of their child's individual healthcare plan.
- They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines in the original bottle with the pharmacist's label which has the child's name, medication name, the dosage, instructions for administration and date dispensed clearly marked on it, and ensure they or another nominated adult are contactable at all times.

Ofsted:

- Ofsted's inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Individual Health Care Plans:

- Individual healthcare plans help to ensure that we support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom, especially for long-term and complex medical conditions. The level of detail within the 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.
- Individual healthcare plans may be initiated by the parent, the school, the school nurse or another healthcare professional involved in providing care to the child. The school nurse will write the plans with input from other professionals and in consultation with the school, the child and their parents.
- The governing body should ensure that plans are reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

When identifying what information should be written into plans, consideration should be given to the following:

- the medical condition, its triggers, signs, symptoms and treatments

- the pupil's resulting needs, including medication (its side-affects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. where to carry out care/health procedure
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time, use of rest periods or additional support
- level of support needed, including in emergencies.
- if a child is self-managing their own medication, under direct supervision, 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
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher for medication to be administered by a member of staff, or under direct supervision where an individual is able to self-administer
- if medication is required in the short term e.g. a course of antibiotics, a telephone consent can be given via the School Office.
- 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
- what to do in an emergency, including whom to contact, and contingency arrangements.

There should be a section identifying any potential problems or errors in administering medication, these include:

- Refusing medication – if a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's records sheet. Reasons for refusal to take medicine must also be recorded as well as the action then taken by the staff member.

- Spillage – if a tablet is dropped or liquid is spilled prior to administration, then re-administer using a fresh dose. Note that a second dose has been given on the medication chart and in the record file.
- Re-administering medication – if a child vomits within 30 minutes of taking their medication medical advice should be sought as it may be appropriate to re-administer the medication. If the vomiting occurs after 30 minutes the medication should not be re-administered and medical advice should be sought at the earliest opportunity. DO NOT re-administer inhalers where they appear not to have worked properly. Some of the medication may have been administered.
- Medication given in error – if medication is given in error e.g. the wrong child given medication or an incorrect dose of medication given; a) advice should be sought immediately from the school nurse or nursing manager. b) the Headteacher should be informed and a serious incident form (Accident form) completed. c) if the medication was administered via a gastrostomy tube, and the mistake noticed whilst feed is in progress, medication can be safely ‘drained off’ before the arrival of the school nurse, staff should proceed immediately and inform the school nurse of their actions.

Staff Training & Support:

- Staff training is rigorous and carefully planned by the Senior Leadership Team, in consultation with the school nurse. A record of all training will be kept by both the school and the school nurse.
- The school nurse should normally lead on identifying with other health specialists, and agreeing with the school, the type and level of training required, and putting this in place. Any member of school staff providing support to a pupil with medical needs should receive suitable training.
- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures. Induction arrangements for new and supply staff should likewise be included.
- **Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional.** A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

- The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.
- Parents should be asked for their views and may be able to support school staff by explaining how their child's needs can be met. They should provide specific advice, but should not be the sole trainer.

Children's Role in Managing Their Own Medical Needs:

- It is not appropriate for most children in school to self-manage their own medical needs, they will be supported by staff to administer medicines and manage procedures for them.
- After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily, under the direct supervision of an adult; this should be clear on their health care plan.
- Children who can take their medicines themselves or manage procedures may do so under the direct supervision of an adult, as identified on the health care plan.
- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed.

Managing Medicines on School Premises:

- medicines should 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 should be given prescription or non-prescription medicines without their parent's written consent
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed. Pain relief medication can only be given when it is in the original container, with a pharmacy label directed for that student.
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

- schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- Medication is to be handed to the allocated member of staff at the school door (either by the bus escort or the parent). They will fill out a medicines recording sheet including the child's name, type of medication, date received, and sign as a record of receipt of the medication into school. Similarly for any medications that need to be returned home at the end of the day, the medicines record sheet is signed as checked by the nurse for return and then similarly signed by the member of staff in charge of medicines at the door. Finally it is also signed by the bus escort / parent taking the medication as record of the medicines leaving the school premises.
- all medicines are to be stored safely in the drugs cupboard in the nurse's room which must be kept locked at all times. Medication required to be stored in a fridge must be kept in the medical fridge in the nurse's room. If the school nurse is not in the room a member of the SLT is to be asked to open and lock the drugs cupboard to store medications. The signed form is then to be placed in the medication file in the medical room. The school nurse is to be informed of its presence.
- as part of medication protocol, when dispensing any medication the nurse will check that all medicines are within their expiry dates as part of standard practice. Equally medication reviews are carried out as part of the school health assessment by the Paediatrician, which ensures that medications don't continue without appropriate review.
- once medication has been dispensed it can be distributed to relevant classes prior to administration; it must be stored in a locked medical cupboard in the classroom until use.
- rescue and emergency medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens are kept in the emergency medicines cupboard in the nurse's room and should be easily accessible to all staff required to collect it. The school nurse is to check every half term that the medication is still in use and has sufficient dosage to use.
- Where a child requires analgesia on a regular basis this should be provided by the parent/carer through a prescription. Under no circumstances must school staff diagnose and dispense analgesia.
- a child who has been prescribed a controlled drug will have it stored securely in a non-portable container in the nurse's room and only named staff should have access. Once dispensed the medication can be distributed to relevant classes and stored in a secure medical cupboard. Controlled drugs should be easily accessible in an emergency. A record should be kept

- a member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received any appropriate specialist training/instruction from the school nurse. Schools should keep 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
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- The school nurse or nursing assistant will dispense medication; in the absence of the school nurse a member of SLT may dispense medication with a witness present.
- Medication given via a gastrostomy may be administered in the classroom following the strict guidelines that are in place.

Record Keeping:

- The Governing Body delegates the responsibility of ensuring that written records are kept of all medicines administered to children to a member of SLT. They should monitor records regularly with the school nurse.
- Records offer protection to staff and children and provide evidence that agreed procedures have been followed and that medication is correctly managed; the school nurse will keep records of medication that has been dispensed and administered and school staff will keep records when medication has been administered. There should be a record of all medication held on site including the name of the child, the name of the medication, the date it arrived on the premises, the date leaving the premises and signatories for it coming on and off the premises.

Emergency Procedures:

- As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies.
- Where a child has an individual healthcare plan, this should 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 should know what to do, such as informing a teacher immediately if they think help is needed.
- If a child needs to be taken to hospital, staff should stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance. Staff should not take children to hospital in their own car. Schools need to ensure

they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

- A copy of the child's health care plan and their personal details should be taken with them.
- Staff **cannot** give consent for any treatment this has to be a clinical decision made by the health professionals in charge or by the parent.
- In the event of an evacuation of the school each student who needs one will have a Personal Emergency Evacuation Plan (PEEP). This does not cover medication on an individual level, as part of evacuation protocol is that the School Nurse or Nursing Assistant will collect all epilepsy, asthma and allergy medication from the Nurse's Room and take it to the Muster point. Students requiring oxygen or suction will have this with them at all times.

Day Trips, Residential Visits & Sporting Activities:

- Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. Schools should make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.
- Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional who are responsible for ensuring that pupils can participate.
- Prescribed medication will be administered to children as required. The medication is to be dispensed by the school nurse or member of SLT. When regularly prescribed medication goes off site, they are to be carried in a clearly marked container with the child's name, photograph, medication, dose and time to be given clearly marked on the lid. The member of staff who is going to administer the medication is to be responsible for keeping the medication safe with them at all times and administering it at the correct time. Records are to be maintained.
- The administration of emergency rescue medication has to be carried out by trained staff. The vast majority of students are prescribed pre-dispensed rescue medication. A number of staff are trained to administer such pre-dispensed medication. Equally a smaller number of volunteer staff and SLT are trained to

both dispense and administer rescue medication, pupils on such medication requiring medication to be dispensed can only go offsite if accompanied by suitably trained and competent staff. Medication is to be collected and signed for as required, it is to be taken in a sealed container or plastic wallet, clearly marked with the child's details. All such medicines are kept in a specified medical bag that accompanies the trip. Medication and personal data has to be carried in the bag provided specifically for medication offsite.

Home to School Transport:

- In consultation with Manchester's Home to School Transport management team the Governing body should ensure that arrangements are made in relation to pupils with medical conditions travelling to and from school. This should include what should be done in emergency situations.
- Where pupils have life threatening conditions, specific transport healthcare plans should be carried on vehicles. These are to be written by a member of the school nursing team.

Unacceptable Practice:

Although school staff should use their discretion and judge each case 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
- send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- if the child becomes ill, send them to the school office or medical room unaccompanied
- 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

- prevent or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child

Liability & Indemnity:

- The Trust will ensure that the appropriate level of insurance is in place.

Complaints:

- Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure.
- Making a complaint to the Department for Education should only happen after other routes have been followed. The department may consider a complaint about a school from anyone who is unhappy with the way in which a school is acting if other avenues at resolution with the school have been exhausted. In the case of a maintained school, the DfE would consider if the school has acted unreasonably or failed to discharge a duty which may invoke either Section 496 or 497 of the Education Act 1996.
- Ultimately, parents will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Following Appendices:

- Appendix 1 –Medical Care Guidance
- Appendix 2 – Protocol for contacting the Emergency Services
- Appendix 3 –Daily Medicines sheet
- Appendix 4 – Administration of Medicines Record Sheet
- Appendix 5 – Example Medical Consent forms

Policy Information and Review

Policy review dates (frequency of review: every 3 years)

Date	Changes made	By whom
September 2014	Policy created	Rob O'Hara
June 2015	Final Policy review	Rob O'Hara
March 16	Review	SLT
Adopted on 1st September 2017 on the merger to Prosperc Learning Trust		
September 2018	Reviewed	Headteacher/SLT