



Michaela Community School

SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

Date of last review:	July 2016	Review period:	1 year
Date of next review:	July 2017	Owner:	K.Ashford

Rationale

Michaela Community School values the abilities and achievements of all its pupils, and is committed to providing for each pupil the best possible environment for learning. We actively seek to remove the barriers to learning and participation that can hinder or exclude individual pupils, or groups of pupils.

This policy is to be read in conjunction with our:

- SEN Policy;
- Inclusion Policy;
- Safeguarding policies;
- Equality Policy;
- Behaviour and Anti Bullying policies
- Curriculum and Teaching and Learning policies;
- Health and Safety Policy;
- First aid policy;

Introduction

The Children and Families Act 2014 states that arrangements for supporting pupils at school with medical conditions must be in place and those pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

This policy includes managing the administration of medicines, supporting children with complex health needs and first aid. The school makes every effort to ensure the wellbeing of all children, staff and adults on site.

Aims and Objectives

- To ensure that children with medical conditions, in terms of both 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.
- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met - Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines and care while at school to help them manage their condition and keep them well. Other children may require interventions in particular emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe.

- To work in close partnership with health care professionals, staff, parents and pupils to meet the needs of each child – In making decisions about the support they provide, it is crucial that the school considers advice from healthcare professionals and listen to and value the views of parents and pupils.
- To ensure any social and emotional needs are met for children with medical conditions – Children may be self-conscious about their condition.
- To minimise the impact of any medical condition on a child’s educational achievement – In particular, long term absences due to health problems affect children’s educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term absences, including those for medical appointments, (which can often be lengthy), also need to be effectively managed.
- To ensure, where applicable, that Education, Health and Care Plans are managed effectively.

Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and parents and pupils will be critical.

The Headteacher is responsible for:

- Ensuring that a policy is in place to meet the needs of children with medical conditions;
- Ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- Ensuring that all staff who need to know are aware of the child’s condition;
- Ensuring that sufficient trained staff is available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations;
- Ensuring that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way;
- Ensuring that the school nursing service is contacted 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;
- Ensuring that staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

School staff:

- Understand that any member of school staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so;
- Understand the role they have in helping to meet the needs of a child with a medical condition;

Healthcare professionals are responsible for:

- Notifying the school when a child has been identified as having a medical condition who will require support in school;
- Confirming that Academy staff are proficient to undertake healthcare procedures and administer medicines.

Assisting Children with Long Term or Complex Medical Needs

A proactive approach is taken towards children with medical needs. A Health Care Plan (Appendix 1) will be produced for any child with long term/complex medical needs and will be reviewed on a regular basis. To assist children with long term or complex medical needs, the school will also consider whether any/all of the following is necessary:

- Adapting equipment, furniture or classrooms to enable the child to access a particular aspect of the curriculum or area of the school. Involving the home and hospital support service. Working in partnership with medical agencies and receiving advice/support from other professionals including the School Nurse;
- Ensuring that there are procedures in place for the administration of medicine (see below);
- Training for Support Staff/Teachers on a specific medical condition;
- Providing a programme of work for children who are absent from school for significant periods of time;
- Providing appropriate seating during assembly;
- Ensuring there is adequate supervision during play times so that the health and safety of all children is not compromised;
- Ensuring that arrangements are made to include a child with medical needs on school visits Unless it is decided in consultation with a healthcare professional and/or parent that it could be detrimental to their health and well-being.

Individual Health Care Plans

An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. 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 a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Where appropriate, plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents. Plans should be 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.

Parents will receive a copy of the Health Care Plan with the originals kept by the Designated First Aid Coordinator. Medical notices, including pictures and information on symptoms and treatment are placed in the staff room and reception with details of what to do in an emergency.

Where appropriate, children who are considered competent to do so, will be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected in their individual healthcare plans.

Administering Medicines

- 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 consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- 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;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- All prescription medications that need to be taken during school hours should be handed in to the office with prescribers directions attached. The only exception to this is inhalers for asthma, which children may keep in their pockets so they are accessible in an emergency;
- In line with statutory guidance (Supporting Pupils at School with Medical Conditions Dec 2015, DfE), children requiring over the counter medication (e.g. pain relief) for an acute ailment (e.g. toothache, cold etc) may carry this on their person if they are considered competent to safely self-manage its administration. Administration of these medications should occur only before or after school or during break times so not to disrupt lessons;

- The school 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;
- All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away;
- Controlled drugs (as listed in the Controlled Drugs List, Drug Misuse and Dependency, 2016) that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access; controlled drugs should be easily accessible in an emergency a member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction;
- The school 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;
- Parents should be notified when their child is administered any medication at school including asthma inhalers and epi-pens;
- Any staff assisting in administration of medications should be aware of the appropriate dosage and any possible side effects as well as any allergies the child may have and any other medications they have taken that day;
- 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.

There is no legal duty which requires school staff to administer medication. However, staff may administer medication to children provided that the parent/carer has given verbal consent for a one off dose or completed an Administration of Medication Form (see Appendix 2). We will only administer non-prescription medicines under exceptional circumstances. Occasionally, a child will show an adverse reaction to a new course of treatment and for this reason the school will not take responsibility for administering the first prescribed dosage. Medication should only be requested to be administered if it needs to be administered during school time. Where the dosage is 3 three times a day it is usually acceptable that these doses are given at home – before school, immediately after school and just before bedtime.

Pupils with asthma are encouraged to carry their inhalers with them. However, a spare inhaler should also be kept in the school office or classroom. Children with diabetes are encouraged to keep medication close to hand but administration of medications involving sharps must be done in the presence of a staff member. They are able to take high energy snacks when needed and at any point in the day.

Storing medicines

The school will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines are stored safely in a designated medical cupboard and in the refrigerator if required. All emergency medicines, such as asthma inhalers and adrenaline pens are readily available to the child—not locked away.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

Safety Management of Medicines

The storage of medicines must ensure that the risks to the health of others are properly controlled as set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Emergency Procedures

In emergency situations, where possible, the procedure identified on a child's Healthcare Plan will be followed. When this is not available, a qualified First Aider will decide on the emergency course of action. If it is deemed a child needs hospital treatment as assessed by the First Aider the following procedures must take place:

1. Stabilise the child
2. Dial 999
3. Contact parent/carer
4. Notify Headteacher

The most appropriate member of staff accompanies child to hospital with all relevant health documentation (Inc. tetanus and allergy status) and clear explanation of the incident if witness does not attend. Senior member of staff should attend the hospital to speak to parents if deemed necessary.

Hygiene and Infection Control

All staff should be aware of normal precautions for avoiding infections and follow basic hygiene procedures e.g. basic hand washing. The medical room has full access to protective disposable gloves and care is taken with spillages of blood and body fluids.

Sporting Activities

Some children may need to take precautionary measures before or during exercise. Staff supervising such activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Educational Visits

We actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

A copy of the child's health care plan should be taken with the child on an Educational Visit.

Medication such as inhalers and epi-pens that are held at the school will be taken on all school trips and carried by the child if deemed competent or given to the responsible adult that works alongside the child throughout the day. A First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the school in case of an emergency.

A trained first aider should attend all school trips especially when a child with a specific medical need is going. The first aider provisions at the destination of the trip should be included as part of the risk assessment. The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip. First Aid trained staff administering medication to children on school trips should follow the guidelines above.

Staff Training

Training must 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.

Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times). A staff member assisting in the administration of medications must be aware of the appropriate dosage and any possible side effects of the individual medication. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

It is important that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Each Academy should ensure that training on conditions which they know to be common within their school is provided where appropriate (asthma, epi-pen, sickle cell, diabetes for example).

Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met.

Appendix 1

MICHAELA COMMUNITY SCHOOL- HEALTH CARE PLAN

Child's Name:

Class:

Date of Birth:

Child's Address:

Medical Diagnosis or Condition:

CONTACT INFORMATION

Family Contact No.1

Name: Name:

Tel (Work):

Tel (Home):

Tel (Mobile):

Clinic / Hospital Contact/GP

Name:

Tel No:

Family Contact No.2

Name: Name:

Tel (Work):

Tel (Home):

Tel (Mobile):

Clinic / Hospital Contact/GP

Name:

Tel No:

Describe medical needs and give details of child's symptoms:

Is an Intimate Care Plan required? Yes/No

Daily care requirements: (e.g. before sport / lunchtime)

Staff involved in daily care requirements:

Describe what constitutes an emergency for the child, and the action to take if this occurs:

Date:

Review Date:

Parent's Signature: Date:

Headteacher's Signature: Date:

Appendix 2

Michaela Community School- Administration of Medicine
Form

Child's Name:

Class:

Date of Birth:

Child's Address:

Medical Diagnosis or Condition:

CONTACT INFORMATION

Name:

Tel:

GP / Hospital Contact

Name:

Tel No:

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport / lunchtime)

Describe what constitutes an emergency for the child, and the action to take if this occurs: Name of Medicine:

Dosage:

Who is responsible in an

Emergency: Date:

Review Date:

Parent's Signature: Date:

Headteacher's Signature: Date:

Approval by Governing Body and Review Date

This policy and plan has been formally approved and adopted by the Local Governing Body at a formally convened meeting.

Signed:  _____
Chair of Governing Body

Date: 7 July 2016

Review date: July 2017

End of Statement