



Tower Hill Primary School
Supporting Pupils with Medical Needs Policy

Date: Spring 2019

Author: CSH&ST localised for TH

Review Date: Annually **For the Governing Body:** Terry Genis

Chair of Premises Committee

Name of Unit/Premises/Centre/ School:	Tower Hill Primary School
Name of Responsible Manager/Headteacher:	Linda Tansley
Date Policy approved and adopted:	20th 5th March 2018 (post-review)
Date Due for next review:	Spring 2020
Note: GDPR Requirements become statutory from the 25th May	
<p><i>Section 100 of The Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting children at their school 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. This policy sets out the arrangements that are in place and how the governing body meets its legal requirements.</i></p> <p>Tower Hill prides itself on being an inclusive school which embraces the premise that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. Our 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, developing their confidence.</p> <p>It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff, in line with GDPR requirements. 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.</p> <p>Where children have a disability, the requirement of the Equality Act 2010 will apply.</p> <p>Where children have an identified special need, the SEND Code of Practice will also apply.</p> <p>We recognise that medical conditions may impact social and emotional development as well as having educational implications.</p>	

Key Roles & Responsibilities

The Governing Body is responsible for ensuring that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The Governing Body will monitor the effectiveness of this policy through its **Premises Committee**.

The Headteacher is responsible for ensuring:

- that all staff are aware of the policy and understand their role in its implementation
- that all staff who need to know are aware of the child's medical condition
- that sufficient numbers of staff are suitably trained (which may involve recruiting a member of staff for this purpose)
- that healthcare plans are developed
- that school staff are appropriately insured
- that the link-school nurse is notified that the child is being supported at school if this has not already been brought to the nurse's attention

The SENCo is responsible for developing the health care plan in conjunction with the parents, the child and the health professionals as appropriate. She will ensure that all appropriate staff have read the health care plans and that copies are kept by those staff who need them. The plans are held for the duration of the child being on school roll. Plans will be retained in line with GDPR requirements. **School staff** may be asked to support pupils with medical conditions but they may not be required to do so. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible, and as appropriate to age and/or maturity, to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. 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.

The child's previous school is also contacted for details of the needs and current arrangements to meet those needs. Other health care professionals are contacted as appropriate. If indicated, specific training is arranged for relevant staff to meet the medical needs of the child.

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 SENCo** 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 **SENCo** will work in partnership with the parents/carer, and a relevant healthcare professional e.g. 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 Plan template produced by the Local Authority Special Educational Needs & Disabilities Department or supplied by NHS professionals to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), 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.

An individual healthcare plan will include as appropriate to each medical condition:

- **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 & drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between areas of the school e.g. to school hall or ATC Suite;
- **specific support** for the pupil's educational, social and emotional needs e.g. how absences will be managed, use of rest periods (including in test situations), counselling sessions;
- **the level of support needed** (some children take responsibility for their own needs) including in emergencies. If a pupil is self-managing their own 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 if they are unavailable;
- **who in the school needs to be aware** of the pupil'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 who 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 healthcare plan.

Individual Healthcare Plans are **reviewed annually or sooner** if evidence is presented that there is a change in the child's needs. Copies of the plan are kept confidentially in the Headteacher's and the SENCo's offices.

Staff training

All new staff who will be involved in the implementation of a healthcare plan will be inducted on the policy when they join the school by **the SENCo**. Records of this sharing of information will be logged on an employee's Induction Checklist which is then retained in the Headteacher's office.

All nominated 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 implementing the policy as appropriate. The awareness training of the policy will be provided to ALL staff at the first INSET day of each new academic year, or upon commencement of employment by the Induction Manager if mid-year.

We will retain evidence that staff have been provided with the relevant awareness training on the policy by signing the school's *Supporting Children with Medical Conditions Sign-Up Record* which is held in the red *Health & Safety* (section: First Aid) folder in the Headteacher's office.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify from where the training can be obtained. This will include ensuring that the training is sufficient to ensure staff are competent and confidence 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 - Administration of Medicines' form 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

The school decision is for a member of the school staff to take responsibility for managing and administering all children's medicines and procedures. This will be recorded in their Individual Healthcare Plan. **If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the Health Care Plan which will normally be informing the parent/carer at the earliest opportunity. If an IHP is not in place, the parent/carer is informed at the earliest opportunity that medication has been refused by the child.**

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. This may include:

- managing medicines where it would be detrimental to a child's health or school attendance not to do so;
- not giving prescription or non-prescription medicines to a child under 16 without their parent's/carers prior written consent as issued in the Joining Tower Hill Pack (a 'parental agreement for setting to administer medicines' form will be used to record this);
- ensuring a documented tracking system to record all medicines received in and out of the premises is in place and operates in line with GDPR requirements. The tracking system used at Tower Hill is The Children's Services Medication Tracking Form;
- checking the name of the child, dose, expiry and shelf life dates, that the medication is in the original container as dispensed by a pharmacist to the best of our knowledge and includes instructions for administration, dosage and storage, before medicines are administered.
 - 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.

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

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.

By default, the school supply of non-prescription medicine will be used. By exception, we will only administer non-prescribed medicines on request from, or in consultation with, the parent e.g. Calpol if they are in clearly identifiable packaging and only on a short term basis (if we have concerns we will seek further guidance from our link School Nurse). All pain relief medicine will not be administered without first checking maximum dosages and when previously taken. Any medicine received not in its original packaging will not be accepted or administered.

We will never administer aspirin to any child under 16 years old unless prescribed by a doctor.

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 (either in a classroom cupboard or the school office cabinet, dependent on urgency of need in the event of symptoms of condition occurring) 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 school.

Where medicines need to be refrigerated, they will be stored in the refrigerator in the school office in a clearly labelled airtight container. There must be restricted access to the refrigerator holding medicines. Children will be made aware of where their medicines are at all times and be able to access them immediately from a member of the staff team, usually member of the office.

Medicines such as asthma inhalers, blood glucose testing meters and both 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, where both adrenaline pens will be taken.

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. These copies will be retained in accordance with GDPR requirements.

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 *Rushmoor Borough Council*, or in consultation with parents who will remove them from site when requested by the school office team.

Medical Accommodation

The **school office**, or in the event of administration of medication of a sensitive nature **in the New Tower building Access W.C.**, 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 including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file in the school office and archived at the end of each academic year in line with GDPR requirements. 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 ie. 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 arrive, 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 actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and, as far as possible, not prevent them from doing so. If appropriate, we will carry out an additional risk assessment to support planning for meeting a child's needs.

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 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.

We will ensure that medicines such as asthma inhalers, blood glucose testing meters and both adrenaline pens will be taken on school trips or off-site as required.

Other issues

Salbutamol Asthma Inhaler

Following the *Human Medicines (Amendment) (No.2) Regulations 2014* on 1st October 2014, we are now allowed to keep Salbutamol Asthma inhalers for emergency use on the school premises.

This will enable us to administer reliever medication using an inhaler to a pupil with asthma whose prescribed inhaler is not available (for example, because it is broken or empty).

If the emergency Salbutamol Asthma inhaler is administered, parents/carers will be informed as soon as possible following administration and requested to replace the pupil's broken/empty inhaler at the very earliest opportunity.

A record of the administration of medication will be made for the pupil.

Defibrillator

The school has purchased a defibrillator which is sited in the Admin Office.

This should only be operated by currently trained staff - At the time of writing, this consists of 24 staff certified in defibrillator administration including teaching, learning, support, admin, and site. This will be used in cases of sudden cardiac arrest to apply electric shock to restart the heart.

The training includes application of the defibrillator to both adults and children.

The local NHS ambulance service has been notified of its location at the school.

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.; 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 Tower Hill Primary School are indemnified under the County Council self-insurance arrangements.

The County Council is self-insured and has extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children.

To meet the requirements of the indemnification, we will ensure that staff at the school:

- have a parent's permission for administering medicines, and
- members of staff will have had training on the administration of the medication or medical procedure.

Complaints

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 complaint via the school's complaints procedure.

Linked Policies:

Risk Assessment of Administration of Medicines + Appendix F (flowchart)

Attendance

Equalities

First Aid

Signature of Responsible Manager/Headteacher:	<i>Linda Tansley</i>
Date:	20th March 2019

