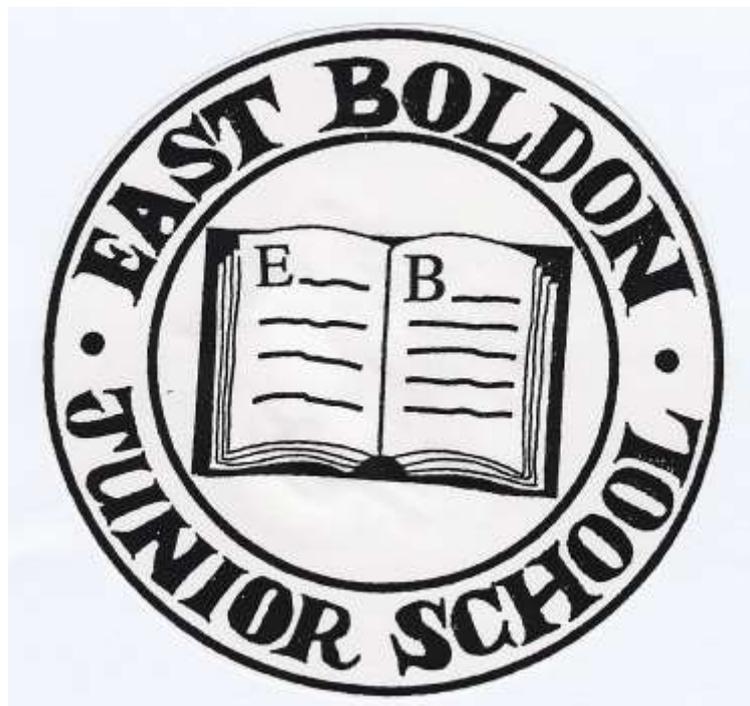


East Boldon Junior School

Policy for Supporting Pupils at
School with Medical Conditions



East Boldon Junior School

Policy for Supporting Pupils at School with Medical Conditions

Responsible Person: Mrs Ellen Johnson, Head Teacher

Date: 22nd September 2014

Amended 2nd Oct 2016

This policy should be read in conjunction with the Disability, Equality and Accessibility Policy and the SEN Policy. It replaces the Administering Medicines Policy.

This policy is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions.

We recognise that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The focus will be on the needs of each individual child and how their medical condition impacts on their school life.

Insurance Details

Casualty Insurance cover is arranged with South Tyneside Council and South Tyneside Homes Ltd using JLT Specialty Ltd. The current cover runs from 1.12.15 to 30.11.16

A copy of the insurance document is held in the HT Office.

Aims

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.
- To give parents and pupils confidence in the school's ability to provide effective support and care.

Procedure

The person named above is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- Sufficient staff are suitably trained
- All relevant staff are made aware of a child's condition
- Cover arrangements in case of staff absence/turnover are always available
- Supply teachers are briefed
- Risk assessments for visits and activities outside the normal timetable are carried out
- Individual healthcare plans are monitored (at least annually)

- Transitional arrangements between schools are carried out
- The process to be followed upon reintegration is clear
- If a child's needs change, the above measures are adjusted accordingly.

Where children join East Boldon Junior School at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Procedure to be followed when notification is received that a pupil has a medical condition:

- When a parent or healthcare professional informs the school that a child has been newly diagnosed, is due to transfer to the school, is due to return after a long term absence or that needs have changed a meeting should be arranged as soon as possible.
- The Headteacher and other relevant staff will attend a meeting to discuss the child's medical support needs and identify who will provide this support to the pupil. As much information as possible should be collected at this meeting. This includes details of diagnosis and treatment, medication prescribed and when it should be administered, dietary needs, emergency contact details.
- Using the evidence, an Individual Healthcare Plan will be drawn up and agreed with parents, key staff and relevant professionals. The IHP will be held in the office and in the staffroom to be available to all staff.
- Medicines are clearly labelled and stored in the staffroom cupboard or fridge.
- Staff training needs will be identified, training arranged and delivered. Further training may be necessary depending on the individual needs of the child.
- The IHP will be implemented then reviewed annually or when the condition changes. It is important that there is regular communication with parents and between staff. Staff will be made aware of any changes to treatment or medication.

Individual Healthcare Plans (IHPs)

Any pupil with a medical condition requiring medication or support in school should have an Individual Healthcare Plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

The following information should be considered when writing an individual healthcare plan:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues.
- Specific support for the pupil's educational social and emotional needs
- The level of support needed including in emergencies
- Who will provide support, their training needs, expectation of their role and cover arrangements
- Who in school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision.)
- 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
- Plans will be easily accessible to all who need to refer to them while preserving confidentiality
- What to do in an emergency, who to contact and contingency arrangements
- Where a child has a special educational need identified in a statement or EHC plan, the IHP should be linked to that plan
- Where a child is returning to school following a period of hospitalisation or alternative provision, the IHP will identify the support the child will need to reintegrate effectively.

In East Boldon Junior School all staff are made aware of children with medical conditions for which they may need support.

IHPs are held in the staffroom along with any medication required. The plans are accessible and storage cupboard clearly marked.

Copies of IHPs are held in the Head Teacher's office and, where appropriate by individual teachers.

In the case of more serious conditions, all staff have a copy of the child's IHP.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body

- Must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented. In doing so
- Must ensure sufficient staff receive suitable training and are competent to support children with medical conditions

- Must ensure the appropriate level of insurance is in place and reflects the level of risk
- Should ensure that written records are kept of all medicines administered to children

The Head Teacher

- Should ensure all staff are aware of this policy and understand their role in its implementation
- Should ensure all staff who need to know are informed of a child's condition
- Should assess training needs and ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency situations, and that they are appropriately insured
- Is responsible for the development of IHPs
- Should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse.

School Staff

- Any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- Should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does not constitute appropriate training in supporting children with medical conditions
- Any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- All staff should know where to access details of the school nurse, children's emergency contact details, IHPs and individual's medication

School nurses

- Are responsible for notifying the school when a child has been identified as having a medical condition that will require support in school
- May support staff on implementing a child's IHP, providing advice and liaison
- May provide training on the administration of medication, and the care and support of individual children

Other Healthcare Professionals

- Should notify the school nurse when a child has been identified as having a medical condition that will require support in school
- May provide advice on developing IHPs

- Specialist local teams may be able to provide support for particular conditions (e.g., asthma, diabetes)

Pupils

- Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP
- 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. Children who can take medicines themselves will require an appropriate level of supervision.
- Other pupils should be encouraged to be sensitive to the needs of those with medical conditions

Parents

- Must provide the school with sufficient and up-to-date information about their child's medical needs
- Are the key partners and should be involved in the development and review of their child's IHP
- Should carry out any action they have agreed to as part of the IHP implementation
- Should provide the school with the medication needed in school, and should liaise with the school to check that medication is in date and out-of-date medication is collected from the school

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.

Children will not be given medicines without parental consent.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

We will only accept 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 may be available to school inside an insulin pen or a pump, rather than its original container.

Where a medicine is to be administered long term this will be identified in the child's IHP and will be stored in the staffroom where it is accessible to staff when needed.

When medicine is to be taken for a short period, the correct dosage should be sent to school. If possible a parent should come to school to administer medicines during the school day. If this is not possible the medicine should be clearly labelled and sent to school. Staff may supervise the child as they take the medication and help to manage procedures agreed with parents. Maximum dosage and time of last dose should be checked.

All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens should be readily available and not locked away.

When children are out of school on a school trip, the teacher in charge is responsible for ensuring that risk assessments are carried out beforehand, parental permission is gained and all medicines are taken on the trip and are immediately available to the child for the duration of the visit. There should be adequate adult supervision for the administration of medicines and the staff member in charge should have appropriate training.

School will 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 medication will be noted and reported to parents.

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

When no longer required or out-of-date, medicines will be returned to the parent to arrange for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

School holds asthma inhalers for emergency use. They must be used in accordance with the *Department of Health guidance on the use of emergency salbutamol inhalers in schools (September 2014)*

- ***If a child refuses to take medicine or carry out a necessary procedure, staff must not force them to do so. Parents must be informed so that alternative options can be considered.***

Emergency procedures

Individual Healthcare Plans give details of what should happen in an emergency situation. Staff training ensures that staff are aware of emergency symptoms and procedures.

On school visits, staff follow the procedure for carrying out risk assessments and supervision during the visit to ensure the safety of all children.

Day Trips, Residential Visits and Sporting Activities

Every effort will be made to support pupils with medical conditions to enable them to participate. Parents will be consulted and adjustments will be made to activities as required unless advice from a clinician states that this is not possible.

The following practice is considered not acceptable

It is not generally acceptable practise 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 and 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, for example, 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 the 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, for example by requiring parents to accompany the child.

Complaints

Should parents or carers be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

This policy will be reviewed June 2018

Signed _____ Head Teacher

_____ Chair of Governors