



## **Supporting Pupils with Medical Conditions Policy Ranvilles Junior School 2020-2021**

In line with the duty, which came into force on 1<sup>st</sup> September 2014, to support pupils at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Ranvilles Junior School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and it is readily accessible to parents and school staff.

### **Policy implementation**

The named person, who has overall responsibility for policy implementation, is Angela Williams.

They will ensure that

- sufficient staff are suitably trained;
- relevant staff are aware of the child's condition;
- cover arrangements, in case of staff absence or turnover, are made;
- supply teachers are briefed;
- risk assessments for school visits, holidays, and other school activities outside the normal timetable are carried out; and
- individual healthcare plans are monitored.

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

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks. In some instances the school is dependent on external agencies to facilitate training within a reasonable time frame
- not wait for a formal diagnosis before providing support to pupils
- adhere to the expert advice of medical personnel

## Individual Healthcare Plans

Our school will send home a health questionnaire. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our school we will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

Our IHP (see appendix 1) requires information about:

- the **medical condition, its triggers, signs, symptoms and treatments;**
- the **pupil's resulting needs**, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific **support for the pupil's educational, social and emotional needs** – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the **level of support** needed (NB If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring)
- **who will provide this support**, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- **who** in the school **needs to be aware** of the child'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;**
- 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;
- **what to do in an emergency**, including whom 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.

## **Roles and responsibilities**

At our school those people involved in arrangements to support pupils at school with medical conditions include:

- Office staff
- class teacher
- support staff
- senior leaders

## **Staff training and support**

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training (see training record appendix 2). Training needs are assessed regularly and training will be accessed through HTLC.

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

## **The child's role in managing their own medical needs**

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

## **Managing medicines on school premises**

At our school:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child will be given prescription or non-prescription medicines without their parent's written consent
- we will never give medicine containing aspirin unless prescribed by a doctor
- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken.
- parents will be informed
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- we will only accept prescribed medicines if they are:

- **in-date**
- **labelled**
- **provided in the original container as dispensed by a pharmacist**
- **include instructions for administration, dosage and storage.** *(NB 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 will be stored safely
- children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps
- the school will keep controlled drugs that have been prescribed for a pupil, securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held.
- school staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- **We 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 the medication to be administered at school will be noted in school**
- We will use Personal protective Equipment as appropriate to ensure the safety of all
- We will adhere to Government systems of control to ensure safety for all

### **Non-prescribed medicines**

The school will not keep a stock of non-prescribed medicines. If a parent wishes their child to have Calpol or other non-prescribed medicine throughout the school day then they will need to bring the medication into the school office and complete an Administration of Medicine and Treatment Consent Form.

### **Record keeping**

We will ensure that written records are kept of all medicines administered to children. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

### **Emergency procedures**

Our school's policy sets out what should happen in an emergency situation.

- Ranvilles Junior school is committed to identifying and reducing triggers both at school and on out-of-school visits.
- School staff has written information on medical conditions which includes avoiding/reducing exposure to potential emergencies for all children with a HCP.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities.
- Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

### **Day trips, residential visits and sporting activities**

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and do not prevent them from doing so.

As a school we believe it to be unacceptable 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 views may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition 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, 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;** or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

### **Liability and indemnity**

Maintained schools and academies with a SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place

## **Complaints**

If you have a complaint about how your child's medical condition is being supported in school please contact the Headteacher and the Chair of Governors in the first instance.

## **Emergency Asthma Inhalers**

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. These will only be used for those children who are already prescribed asthma inhalers. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

## **APPROVAL**

Approval date: October 2020

Date for next review: October 2021