



High School for Girls

Supporting Pupils at School with Medical Conditions

November 2018

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

This policy will be reviewed annually by the HR & Pastoral Committee in September.

Policy Approved:.....*B. Baxter*.....Date: *14 NOV 2018*.....

Name of signatory (please print):.....*BARRY BAXTER*.....

Review bi-annually or as change in guidance dictates.

Introduction

From 1 September 2014 the school is under a duty to make arrangements for supporting pupils with medical conditions. This policy sets out what those arrangements are. This policy follows the guidance published by the DfE in December 2015 'Supporting pupils at school with medical conditions'.

This policy is restricted to pupils with an ongoing medical problem. Minor, short term or one-off medical problems are covered by the separate First Aid Policy.

The school will maintain a focus on each individual child with a medical condition and seeks to give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

The school will always aim to:

- Have a good understanding of how medical conditions impact on a child's ability to learn.
- Increase the child's confidence.
- Promote self-care.
- Ensure that all 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.

Some children with medical conditions may be considered to be disabled under the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education Health and Care plan (EHCP). For pupils who have medical conditions that require EHCPs, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

Procedure to be followed whenever the school is notified that a pupil has a medical condition:

In respect of the above this policy covers:

- Who will be informed.
- Details of meetings.
- Recording of information.
- Particular procedures for life-threatening conditions.

- Procedures for information updates.
- Timescale to put arrangements in place (ordinarily for the start of a new term if a child is starting a new school or within 2 weeks and no need to wait for formal diagnosis).

Individual Healthcare Plans

Individual Healthcare Plans “IHPs” exist to document a child’s medical needs and provision being made for those needs. They are a useful tool for the school to ensure that it meets the needs of the child. They are written with input from all the relevant parties including the school nurse, welfare assistant and parent. At HSG they will be written and overseen by the Progress and Wellbeing Assistant Headteacher or Progress and Wellbeing Co-ordinators using Medical Form 1 + Appendix 1.

IHPs will be developed with a child’s best interests in mind and will ensure that the school assesses and manages risks to the child’s education, health and social well-being and minimises disruption.

IHPs will be reviewed at least annually or earlier if evidence is presented that the child’s needs have changed.

The following information will be recorded on IHPs:

- 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, (some children will be able to take responsibility for their own health needs), including in emergencies. 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.
- 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. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

1. Child's Role in Managing own Medical Needs

1.1 Children may be competent to manage their own medical needs and medicines.

1.2 Emergency treatment medication including inhalers must be with or near the student at all times. Inhalers must be taken to far field during sports' lessons. All other medicines (except inhalers) should be kept securely in the Performance and Wellbeing Centre. Students can visit the centre to medicate at the appropriate time.

1.3 If there is difficulty about the use of medication, including injections or inhalers the school nurse should be contacted for advice.

1.4 All medicines must be clearly labelled with the student's name, route i.e. mode of administration oral/aural etc., dosage, frequency and name of medication being given. Oral medication must be in a childproof container.

1.5 Children will be positively encouraged to take responsibility after discussion with parents and this will be reflected in IHPs - see above. Where a child is reluctant to take on this responsibility, the school will support the child to reach the level of responsibility agreed and documented in the IHP.

1.6 No child will be expected to take on responsibility until they are ready for it and appropriate supervision will still be given if needed.

1.7 Children should be made aware that passing a drug to another child for use is an offence.

2. Managing Medicines on School Premises

2.1 Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

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

2.3 No child under 16 should be given prescription or non-prescription medicines without their parent's written 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.

2.4 The circumstances in which the school will administer non-prescription medicines will be set out in the IHP or, where non-prescription medicines are not covered in the IHP, as laid down in the school's first aid policy.

2.5 A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.

2.6 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.

2.7 The school will 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 Medical Form 2 - Medical Administration + Appendix 2. The exception to this is insulin which must still be in date, but may be made available inside an insulin pen or a pump, rather than in its original container.

2.8 All medicines should 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 adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when off school premises e.g. on school trips or on the far field.

2.9 Emergency treatment medication including inhalers must be with or near the student at all times. Inhalers must be taken to the far field during sports' lessons.

2.10 The school will keep other 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 must be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school.

2.11 Appropriately trained school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The 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 the medication to be administered at school will be noted.

2.12 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.

3. Record Keeping

3.1 Written records must be kept of all medicines administered to children Medical Form 3 – Record of Medicine Administered to an Individual Child + Appendix 3.

4. Procedures for Emergency Situations

4.1 No emergency medication should be kept with a student except those specified for use in an emergency (see 1.1 above).

4.2 Advice for school staff about individual students will be provided by the school nurse or Performance and Wellbeing Centre.

4.3 In the event of the absence of trained staff, it is essential that emergency back-up procedures be agreed in advance between the parents, school and medical adviser. Information will be recorded on the care plan and filed in the Performance and Wellbeing Centre.

4.4 Storage must be in accordance with Section 1 and 2 (above). These medications must be clearly labelled with the student's name, the action to be taken, route, dosage and frequency (as Section 1.5 above) and the expiry date.

4.5 If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents/carers and a copy retained at the school using Medical Form 4 – Emergency Medical Administration – Appendix 4.

4.6 If a student needs hospitalisation during school hours on a school visit, parents/carers will be informed immediately and a member of staff will accompany the student to hospital and stay there until the parents/carers arrive.

5. Day Trips, Visits and Sporting Activities

5.1 Where possible the school will offer flexibility and make reasonable adjustments so that pupils with medical conditions can take part.

5.2 The leader of the visit should ensure that the medical needs of all the students participating in the visit have been identified. The leader should also consult with the Performance and Wellbeing Centre.

5.3 A separate risk assessment is to be carried out for any school visit or school activity outside of the normal timetable for any student with an IHP.

5.4 A named person must supervise the storage and administration of medication.

5.5 If the student needs medication to be taken during the visit, a photocopy of the Medical Form 2 should be taken along with a copy of the IHP. The appropriate amount of medication should then be taken on the visit. All copies of IHP should be destroyed after the visit and at all times a high level of confidentiality must be maintained.

5.6 The school will carry out risk assessments regarding the participation of pupils with medical needs.

5.7 The school may meet parents as part of preparing to meet the child's needs on a trip. Where possible the school will arrange adjustments to the programme, accommodation or food provision to meet a child's needs.

6. Unacceptable Practice

It will be unacceptable to:

6.1 Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.

6.2 Assume that every child with the same condition requires the same treatment.

6.3 Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).

6.4 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.

6.5 If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.

6.6 Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.

6.7 Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

6.8 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.

6.9 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].

7. Policy Implementation

7.1 The Head Teacher has overall responsibility for the implementation of this policy.

7.2 The school is committed to making sure that all relevant staff will be made aware of the child's condition. This will be done through SIMS medical and quick note sections.

7.3 The school has arrangements in place in case of staff absence or staff turnover to ensure someone is always available. The Progress and Wellbeing Assistants will cover for each other in case of absence.

7.4 Briefing for supply teachers will be made by the Curriculum Leader with reference to SIMS.

7.5 The school will make sure risk assessments for school visits, holidays, and other school activities outside of the normal timetable include provision for pupils with medical conditions. Risk assessments for trips will be overseen by Assistant Headteacher Curriculum and STEM.

7.6 The school will monitor individual healthcare plans.

7.7 The Progress and Wellbeing Co-ordinators with the Progress and Wellbeing Assistant Headteacher are jointly responsible for monitoring the IHPs.

7.8 The same applies to the annual review or earlier, if the student's needs have changed.

The roles of those involved in providing support for pupils with medical conditions

Roles are given in brief here. For full details please refer to the DfE guidance.

8. Governing Bodies must:

8.1 Make arrangements to support pupils with medical needs, including making sure a policy is developed and implemented.

8.2 Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

8.3 Ensure staff have access to information and other teaching materials.

8.4 Ensure there are induction arrangements for new staff.

9. Headteachers must:

9.1 Ensure policy is developed and adequately implemented with partners.

9.2 Make sure all staff are aware of the policy and understand their role in implementation.

9.3 Ensure all staff who need to know are aware of a particular child's medical condition.

9.4 Ensure sufficient staff are appropriately trained.

9.5 Have overall responsibility for the development of Individual Healthcare Plans.

9.6 Make sure staff are adequately insured and made aware of cover.

9.7 Make sure school nurse is aware of pupils requiring support.

10. School Staff

10.1 Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

10.2 Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

10.3 School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

10.4 Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

11. School Nurses

11.1 The school will either have an employed nurse or access to school nursing services.

11.2 They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.

11.3 They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's IHP and provide advice and liaison, for example on training.

11.4 Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

11.5 Can provide confirmation of the proficiency of staff in providing medication.

12. Other Healthcare Professionals

12.1 Should notify school nurse of pupils requiring support.

12.2 May provide advice on developing IHPs.

12.3 Can provide confirmation of the proficiency of staff in providing medication.

13. Pupils

13.1 Provide information about how their condition affects them.

13.2 They should be fully involved in discussions and contribute to their IHP.

14. Parents

14.1 Provide school with sufficient up to date information.

14.2 Are involved in development and review of IHP.

14.3 Should carry out any action they agreed to as part of implementation of IHP.

15. Local Authorities

15.1 Are commissioners of school nurses for maintained schools and academies.

15.2 Have a duty to promote co-operation between relevant partners.

15.3 Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.

16. Clinical Commissioning Groups

16.1 Responsible for commissioning other healthcare professionals such as specialist nurses.

16.2 They have to ensure that commissioning is responsive to children's needs and that health services can cooperate with schools.

17. Ofsted

17.1 The inspection framework places clear emphasis on meeting needs of disabled children and pupils with SEN. Inspectors are briefed to consider pupils with medical conditions alongside these groups and to report on how well their needs are being met.

18. Staff Training

18.1 The school has a responsibility to ensure staff are properly trained and any member of staff providing support to a pupil with medical needs will receive suitable training.

18.2 Staff must not give prescription medicines or undertake health care procedures without appropriate training.

18.3 The Assistant Headteacher Performance and Wellbeing is responsible for ensuring that sufficient staff are suitably trained.

18.4 This will be reviewed annually or as IHPs are revised and training commissioned and provided accordingly.

19. Insurance

19.1 The Governing Body must ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

19.2 The school Insurance policy covers all liability for staff who support students with medical conditions as long as they follow the procedures outlined in this policy.

19.3 The school Insurance policy is with Zurich Municipal. The details of the policy can be obtained from the Business and Operations Manager at any time.

20. Complaints Handling

20.1 Any complaint in relation to this policy or the school's implementation of it should be raised in accordance with the school's usual complaints' procedure policy.



MEDICAL FORM 1

INDIVIDUAL HEALTHCARE PLAN (IHP)

Date: _____

CONTACT INFORMATION

Family Contact 1 Name: _____

Phone No. Home: _____

Work: _____

Relationship: _____

Clinic/Hospital Contact:

Name: _____

Phone No.: _____

Photo of student

Name: _____

Date of Birth: _____

Condition: _____

Tutor Group: _____

Name of Medication: _____

For how long will your daughter/son be taking this medication? _____

Dose and Method: _____

Time of Dose: (e.g. lunchtime) _____

Is your daughter/son going to self-administer? _____

Should this be monitored at school? If yes, please advise _____

Special Precautions:

Side Effects: _____

Procedures to take in an emergency: _____

Doctor's Details:

Doctor's Name: _____

Doctor's Address:

Doctor's Telephone: _____

Family Contact 2:

Name: _____

Phone No. Home: _____

Work: _____

Relationship: _____

Describe condition and give details of student's individual symptoms – what are the triggers, signs and symptoms?



MEDICAL FORM 2

MEDICAL ADMINISTRATION

Form for parents/carers to complete if they wish students to administer their own medication or if necessary, to be administered by staff.

Student's Name: _____

Date of Birth: _____

Name of Medication:

For how long will your daughter/son be taking this medication? _____

Condition or Illness: _____

Full directions for use:

Dose and Method: _____

Time of Dose: (e.g. lunchtime) _____

Is your daughter/son going to self-administer? _____

Special Precautions: _____

Side Effects: _____

Procedures to take in an emergency: _____

Doctor's Details:

Doctor's Name: _____

Doctor's Address:

Doctor's Telephone: _____

I will deliver my daughter's/son's medication to Student Services, in the original packaging (with prescription details printed on).

I will inform the school if the medication changes.

Parent's/Carer's Signature: _____ Date: _____

Year Co-ordinator's Signature: _____ Date: _____

THE SCHOOL WILL NOT GIVE YOUR DAUGHTER/SON MEDICINE UNLESS THEY ARE UNABLE TO DO SO THEMSELVES.



MEDICAL FORM 3

RECORD OF MEDICINE ADMINSTERED TO AN INDIVIDUAL CHILD

1. Right Person:

Check you are giving the medicines to the right person by:

- Asking them what their name is.
- Looking at their picture on SIMS/picture on medication.
- Cross referencing name of their medication with SIMS.

2. Right Time:

- Check the time and any preferences and choices recorded on the parental agreement relating to time and place (Form B).

3. Right Medication:

- Check that the name of the medication on the packaging matches the parental agreement/packaging.

4. Right Dosage:

- Check the dosage of the medication matches the parental agreement/packaging.

5. Right Route:

- Check the administration instructions and the parental agreement and packaging, any special instructions, and any preferences e.g. before food, swallow whole, do not take with indigestion remedies, and likes to take off a spoon with yoghurt.

Name of school/setting
Name of child
Date medicine provided by parent
Group/class/form
Quantity received
Name and strength of medicine
Expiry date
Quantity returned
Dose and frequency of medicine

Denmark Road High School

Staff Signature: _____

Signature of Parent/Carer: _____

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials

Date
Time given
Dose given
Name of member of staff
Staff initials



MEDICAL FORM 4

EMERGENCY MEDICAL ADMINISTRATION

Form to allow the administration of emergency medication in school. To be completed by or in consultation with a medical practitioner.

Name of Student: _____ Date of Birth: _____

Name of Medication: _____

Classification and/or description of symptoms which may require medication. (E.g. seizures e.g. goes stiff, falls, convulses down both sides of body, convulsion last three minutes etc. Include information re triggers, recovery time, etc. If status epilepticus, note whether it is convulsive, partial or absence).

Usual duration of seizure/episode: _____

Other useful information: _____

TREATMENT PLAN

1. When should medication be administered? (Note: length of time or number of seizures):

2. Initial dosage: _____

3. What is the usual reaction(s) to this medication?

This plan has been agreed by the following:

Prescribing Doctor: _____

Signature: _____

Date: _____

Parent/Carer: _____

Signature: _____

Date: _____

Headteacher: _____

Signature: _____

Date: _____

(Block capitals)