



# **THE ARNEWOOD SCHOOL**

11 – 19 Academy

**ARN/0046**

## **Supporting Pupils with Medical Needs Policy**

## POLICIES AND PROCEDURES PROFORMA

<b>Subject and Version of Document:</b>	Supporting Pupils with Medical Needs
<b>Persons/Committees consulted whilst document in draft:</b>	Welfare Assistant, Senior Leadership Team, Governing Body
<b>Date agreed:</b>	09.05.23
<b>Date of next review/update and by whom:</b>	Feb 2024
<b>By whom agreed:</b>	Governing Body
<b>Copy obtainable from and/or distribution:</b>	PA to Head Teacher
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<b>Principal Target Audience:</b>	All staff

### Amendments Summary:

Amend. No.	Issued	Page	Subject
1	Feb 2022	3	Change to bullet 2.3.1
1	Feb 2022	5	Change to bullets 4.3 & 4.7
1	Feb 2022	6	Insertion bullet 4.11
1	Feb 2022	10	Change to bullet 14.1.1
2	May 2023	4	Sentence added under 3.0 and 4.0
2	May 2023	6	Change to 7.0 update on administering medication

## **1.0 Introduction**

- 1.1 Section 100 of The Children and Families Act 2014 places a duty on the Senior Leadership Team of this school to make arrangements for supporting children at their premise 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.
- 1.2 We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The 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.
- 1.3 It is our policy to ensure that all medical information will be treated confidentially.

## **2.0 Key roles and responsibilities**

- 2.1 The Headteacher and Senior Leadership Team is responsible for:

Making adequate arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

- 2.2 Teachers and Support Staff are responsible for:

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. Where necessary they should make the Welfare Assistant aware of any student medical needs that they are informed of.

- 2.3 The Welfare Assistant is responsible for:

Managing or facilitating the day to day needs of students with medical conditions.

Liaising with medical professionals to ensure students needs are being met in school. This may include the writing of an Individual Health Care Plan.

Ensuring staff are made aware of student medical needs. This will largely be through pinning medical notes/health care plans to Arbor, but may also be through bespoke meetings/communications.

To keep an accurate and up to date record of staff training related to medical needs.

Making referrals and liaising with the Southern Health School Nursing Services (SHSNS). The SHSNS provide support post hospitalisation, welfare checks and advice on healthy lifestyles.

Liaison with the NHS Immunisation service, to facilitate national immunisation programmes in school.

## **3.0 Identifying students with medical needs**

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.

Parents/carers are asked to complete a medical questionnaire before the child begins their placement at the Arnewood School. Those returned stating there is a medical need will be followed up by the Welfare Assistant to ensure the Head of Year/SENDCO are informed so that an agreement can be made with regard to the appropriate arrangements required. Every effort will be made to ensure that arrangements are put into place within two weeks.

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.

Students medical conditions are posted on ARBOR. Parents are asked to either independently update medical conditions via Arbor or notify the Welfare Assistant.

#### **4.0 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 referring to the 'Process for developing IHP's' flow-chart produced by the DfE for guidance.

Where children require an individual healthcare plan it will be the responsibility of the schools' Welfare Assistant to work with parents and relevant healthcare professionals to write the plan.

The Welfare Assistant will update the review dates and monitor current IHP's to ensure reviews are in place at least annually or if there are any changes to prompt review.

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 in consultation with the SENCO.

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

Where necessary, some students with a physical impairment may require a PEEP (Personal Evacuation Plan). This will be written by Learning Support, and shared with relevant staff and parents.

Students requiring the use of crutches around school will be risk assessed by the Welfare Assistant and Learning Support. Reasonable adjustment should be made for the student e.g. use of lift pass. There is a generic risk assessment for students requiring crutches around school, but this should be tailored where possible to individual needs.

#### **5.0 Staff training**

Staff must not administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include

ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions.

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 record of relevant staff training will be kept by the CPD co-ordinator.

## **6.0 Student self-management and regulation**

Where possible and in discussion with parents, children that are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded in their individual healthcare plan. The healthcare plan will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

For students that have Diabetes /Asthma /Allergies, where possible we will endeavour to ensure that children can carry their own medicines and relevant devices or have easy access to allow for quick self-medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this in their healthcare plan.

## **7.0 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, on occasion children may need support with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so.

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent (a 'parental agreement for setting to administer medicines' form will be used to record this), except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, we will make every effort to encourage the child or young person to involve their parents while respecting their right to confidentiality.

All administered medicines are documented on CPOMS Parental consent will be gained to store and administer student's medication in the medical office

The name of the child, prescribed dose, expiry and shelf life dates will be checked before medicines are administered.

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

We will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, their dosage and storage. 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.

Children who are able to use their own inhalers themselves are encouraged to carry it with them. If the child is too young or immature to take personal responsibility for their inhaler. The Welfare assistant will store this the medical office clearly marked with the child's name.

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. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.

We will only administer non-prescribed medicines on request from the parent if they are in clearly identifiable packaging and only on a short-term basis. Where the school have concerns they will seek further guidance from their link School Nurse.

It is our policy to give age-appropriate doses of paracetamol to secondary age children, as described on the packet, for urgent pain relief. This will only be given if written consent from the parents has been received in advance of administration – as per Arbor permission for Basic Medical Consent. We will check that they have not previously taken any medication containing paracetamol within the preceding 4 hours and only give one dose. For continuous routine pain relief parents are expected to provide paracetamol in its original packaging along with clear written instruction on dose required.

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

All other pain relief medicine, including ibuprofen, will not be administered without prior written consent from a parent. We will check maximum dosages and if/when previously taken.

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 school's medical lead

Emergency medicines will be stored in a safe location within the Medical Office 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

## **8.0 Storage**

All medication other than emergency medication will be stored safely in a locked cabinet.

Where medicines need to be refrigerated, they will be stored in the medical room refrigerator in a clearly labelled airtight container. There must be restricted access to a refrigerator holding medicines.

Children will be made aware of where their emergency medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

Medicines such as asthma inhalers, blood glucose testing meters and 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.

On school trips medication will be stored securely by staff where necessary.

## **9.0 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 consent form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through Initial Hygiene who will remove them from site as required.

## **10.0 Medical accommodation**

The medical office will be used for all medical administration/treatment purposes. The room will be made available when required.

## **11 .0 Record keeping**

A record of what has been administered including how much, when and by whom, will be recorded on CPOMS. Any possible side effects of the medication will also be noted and reported to the parent/carers.

A record of staff training will be maintained.

## **12.0 Emergency procedures**

Where a child has an IHP or PEEP, this will clearly define what constitutes an emergency, and provide a process to follow. The student and parents will be made aware of this plan. All relevant staff will also be made aware of the emergency symptoms and procedures.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary, taking any relevant medical information and care plans that the school holds.

## **13.0 School trips/off site activities**

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 within 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.

The party leader should ensure that they are aware of and planned for any medical needs. They should ensure that the parent permission slip requires parents to identify medical needs, and any medication required. They should also liaise with the welfare assistant who will provide details of students with medical needs. Where necessary we will ensure that at least one staff member on the trip is appropriately trained to meet the students needs. The party leader will also be briefed regards students who will self-medicate during the trip.

## **14.0 Other issues**

Home-to-school transport – drivers, contractors or local authority should be made aware of a pupil's individual healthcare plan where necessary, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for pupils with life-threatening conditions

## **15.0 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, 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.

## **16.0 Liability and indemnity**

Staff at the school who have agreed to administer medication or undertake a medical procedure to children are indemnified under the school's insurance policy with Zurich.

To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.