



William Ellis School

Medical Needs Policy

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WILLIAM ELLIS SCHOOL

Policy for approval:

Supporting Students at School with Medical Needs

Introduction

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

This policy is restricted to students with an ongoing medical problem. *Minor or 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 students 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 selfcare

Entitlement

The school accepts that students with medical needs should be supported where necessary and ensure their entitlement is fulfilled.

The school believes that students with medical needs should be enabled to have full attendance and receive support where required.

The school will support all staff when they are working with students who have medical needs by making arrangements for them to receive appropriate training and by setting out clear guidelines on how to work with these students.

Expectations

It is expected that:

- parents/carers will be encouraged to co-operate in training their children to self-administer medication where practicable. Staff will help out if there is no alternative
- where parents/carers have asked the school to administer the medication for their child they must ask the pharmacist to supply the medication in a separate container, containing the quantity required for that day only. The prescription and dosage regime should be printed clearly on the outside of the container. The name of the pharmacist should be visible and any medications not presented properly will not be accepted. Students can bring in their own medicine but they must pass it to the Medical Needs Assistant for storage (see Appendix 1).
- The school will consider carefully their response to each request to assist with the administering of medication or supervision of self-medication
- It is the parent's responsibility to keep medication supplies in school in date.
- The school will liaise with the relevant Health Services where a student requires specific support with their medical needs
- Any medication brought in to school by staff for personal use must be stored in an appropriate place and kept out of reach of students. Staff medication is the responsibility of that member of staff and not the school.

Implementation

The Medical Needs Assistant will complete individual healthcare plans (IHPAppendix one) for all relevant students. Where a student has a special educational need identified in an Education Health Care Plan (EHCP), the individual healthcare plan should be linked to become part of that EHCP.

Child's role in managing own medical needs

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

Children will be positively encouraged to take responsibility after discussion with parents and this will be reflected in IHPs. 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.

Where possible children will carry their own medicines or devices or be able to access them quickly.

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

Record keeping

Written records must be kept of all medicines administered to children

Procedures for emergency situations

All individual healthcare plans will outline what the procedure is when there is an emergency.

If a child needs to go to hospital, the relevant member of staff will stay with the child until the parent/carer arrives. Students will be accompanied to hospital by ambulance whenever necessary.

Day trips visits and sporting activities

All students with medical conditions will be encouraged to participate fully in all activities. Relevant risk assessments will be completed and staff will be guided on how to deal with any student who has a medical condition and any adjustments that need to be made. Where there are ongoing concerns, advice will be sought from the relevant healthcare professional.

Unacceptable practice

It will be unacceptable 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 students 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

The Roles of those involved in providing support for students with medical conditions

The Headteacher

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

School Staff

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

School Nurse

- The school uses the Camden school nursing services.
- 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.
- They may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.
- Can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Students

- Provide information about how their condition affects them.
- They should be fully involved in discussions and contribute to their IHP

Parents

- Provide school with sufficient up to date information
- Are involved in development and review of the IHP

Staff Training

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

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

APPENDIX ONE: Individual healthcare plans

Individual Healthcare Plans “IHP” exist to document a child’s medical needs and provision being made for those needs. They are a useful tool for the school to use 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. They may be written and overseen by the child’s allocated welfare assistant if there is one.

IHPs will be developed with 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 student’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 student’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 student 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, eg 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 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.

APPENDIX TWO: 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
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- 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.
- 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.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, eg: for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- 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. 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.
- 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
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a student 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.
- 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.
- 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.