



Supporting Students with Medical Needs Policy

Approved by:	Full Governing Body	Date: June 2018
Last reviewed on:	Nov 2022	
Next review due by:	Nov 2024	

INTRODUCTION

The Governing Body of Grimsdyke School will 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. To help achieve this, the school has adopted the Department for Education policy on ‘Supporting Pupils at School with Medical Conditions’, which was issued under Section 100 of the Children and Families Act 2014.

The aim of this policy is to ensure that the parents of children with medical conditions feel confident that the school will provide effective support and that children feel safe and reach their full potential.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school will comply with their duties under the Act to make reasonable adjustments to support pupils with disabilities.

Some children with medical conditions may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) Plan which brings together health and social care needs as well as the provision for their special educational needs. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan/record will be linked to or become part of that statement or EHC plan. The Healthcare Plan will be developed with the child’s best interests in mind to ensure that the risks to the child’s education, health and social wellbeing are managed, and minimises disruption, for children with medical conditions.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with parents, pupils, healthcare professionals (and, where appropriate, social care professionals) and local authorities to ensure that needs of pupils with medical conditions are met effectively.

ROLES AND RESPONSIBILITIES:

The **Governing Body** of Grimsdyke School will ensure that:

- arrangements are in place so that children with medical conditions are properly supported;
- they can play a full and active role in school life;
- they can remain healthy and achieve their academic potential;
- that staff are properly trained to provide the support that pupils need;
- in line with their safeguarding duties, they ensure that pupil’s health is not put at unnecessary risk from, e.g. infectious diseases;
- in those circumstances, they do not have to accept a pupil at time where it would be detrimental to the health of that child or others to do so.

The **Head teacher** will ensure that:

- all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- all staff including supply staff who support children with medical needs receive sufficient information to provide appropriate support;

- Individual Healthcare Plans/Records are developed, monitored and reviewed annually or earlier if evidence is presented that the child's needs have changed. Where appropriate Healthcare Plans/Records will be reviewed at the child's Annual Review;
- sufficient staff are suitably trained and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- sufficient numbers of trained staff are available to support all individual healthcare plans to cover staff absence, contingency and emergency situations;
- a register of children in the school is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler; or have been diagnosed with an allergy risk of anaphylaxis and prescribed an auto-injector (adrenalin pen);
- all staff are trained to recognise the symptoms of an asthma attack (and are able to distinguish them from other conditions with similar symptoms);
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable are undertaken for children with medical conditions;
- all staff are aware that medical information must be treated confidentially;
- School staff are appropriately insured and are aware that they are insured to support pupils in this way.
- The school implements appropriate guidance in relation to a medical need likely to impact the whole school community e.g. viral pandemic

Students with medical needs, as appropriate:

- will be consulted to provide information about how their condition affects them;
- will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Parents:

Parents have the prime responsibility for their child's health. Parents include any person who is not a parent of a child but has parental responsibility for or care of a child. It only requires one parent to request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-to-day contact.

- Parents should provide the school with sufficient and up to date information about their child's medical needs.
- Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- Parents should provide medicines and equipment as required.

Parents should:

- bring their child's medication and any equipment into school at the beginning of the school year;
- replace the medication before the expiry date;
- as good practice, take into school the new asthma reliever inhaler when prescribed;

- dispose of expired items to a pharmacy for safe disposal;
- during periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day;
- keep their children at home when they are acutely unwell.
- parents should ensure that they or another nominated adult are contactable at all times.
- parents should implement any advice to that a child needs to self-isolate as a result of a medical need and inform the school promptly to allow for measures to be taken as required.

Staff:

All members of School Staff may be asked to provide support to pupils with medical conditions, including administering medicines for example on residential visits. Parents will be informed of the named member of staff responsible for medication on residential visits.

All members of staff should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help.

- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and guidance.
- Training needs will be identified during the development or review of individual healthcare plans and will be reviewed annually. The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views but will not be the sole trainer.
- Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. Training for new staff will be provided on induction.
- Training will be provided by appropriate healthcare professional so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs.
- Only staff with appropriate training or experience will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions).

INDIVIDUAL HEALTHCARE PLANS/ RECORDS:

A Healthcare Plan/Record clarifies for staff, parents and the pupil the support that can be provided. Individual Healthcare Plans/Records for pupils with medical conditions, (e.g. asthma, anaphylaxis, diabetes, epilepsy) will be drafted with parents/pupils and other healthcare professionals where appropriate. The plan will include:

- the medical condition, its triggers, signs, symptoms and treatments;

- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments or provision
- 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 pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, then this will be stated with appropriate arrangements for monitoring;
- who in the school needs to be aware of the pupil'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 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 pupil 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; and
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used as or to inform development of their individual healthcare plan/record.

Healthcare Plans/Records will be reviewed at least annually but some may need to be reviewed more frequently. Where appropriate, the Healthcare Plan/Record will be reviewed at the pupil's Annual Review.

The school uses a computerised system called Medical Tracker to manage record keeping in relation to managing medical needs in school. Health care plans and records relating to the administration of medication are kept within this system. Plans from the NHS are scanned into this system as appropriate. This system also allows for email communication to be sent to parents relating to the management of their child's medical needs in school.

Transition Arrangements:

The school has made the following procedures for transition arrangements.

- Receiving schools will be notified of any known medical conditions on transfer of the CTF(Common transfer file) for Year 6 to 7 and in year transfers.
- A member of the Foundation Stage Team visits the pre-school setting of all our new entrants (Reception class entrants) and will enquire if any students joining the school have allergies.
- Parents will be asked to notify medical conditions on admission to school.

MANAGING MEDICINES ON SCHOOL PREMISES

- Pupils will only be given prescription or non-prescription (in exceptional cases as agreed with the Head Teacher or member of the School Leadership Team (SLT)) medicines after parents have completed a consent form.
- Medicine brought into school must be handed into at the Welfare Room. (When no longer required, 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)
- 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 will be available inside an insulin pen or a pump, rather than in its original container.
- Parents should note the expiry date so that they can provide a new prescription as and when required. School will notify parents 4 weeks before the expiry date of the need to replace medications in 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.

Short-Term Medical Needs:

Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics or cream, which will minimise the time that they need to be absent. It is the parent's responsibility to bring and collect the antibiotic/cream each day and to complete the necessary forms prior to medicine being administered.

Controlled Drugs:

- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971. A pupil 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 pupil for use is an offence.
- The school will keep controlled drugs in a locked non-portable container, to which only named staff have access but will ensure they are easily accessible in an emergency.
- A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses (tablets) provided to the school, the dose given and the number of doses remaining.
- Where the dose is half a tablet then this will be cut using a tablet cutter at the time that the medication is required, provided by the parent/carer;
- Half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut;
- Half tablets will be returned to the parent for disposal.
- A controlled drug, as with all medicines, will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.

Non-prescription Medication:

Non-prescription medication will only be given in the exceptional circumstances and only with the expressed permission of the Head Teacher or member of SLT.

Parents will be asked to give permission for non-prescription medicines to be given on residential visits e.g. Calpol.

Pain Relief:

Parents sometimes request that pupils are given pain relief (analgesics) at school, i.e. paracetamol tablets or liquid.

- Pain relief will only be given with the expressed consent of the Head Teacher or member of SLT for example, for pupils returning to school after sustaining a fracture, dental treatment etc.
- Parents will be asked to sign a consent form when they bring the medicine to school, which confirms that they have given the medicine to their child without adverse effect in the past and that they will inform the school immediately if this changes.
- The school will only administer paracetamol to those pupils requesting analgesics; non-prescription ibuprofen will not be given.
- If ibuprofen is the analgesic of choice then parents will be advised that a dose could be given before school (ibuprofen is effective for six hours); if required the school will 'top up' the pain relief with paracetamol or parents may come into school to administer a further dose.
- A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.
- When a pupil (for whom agreement has been made with parents that pain relief will be administered for them in school) requests pain relief staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation. If parents are unavailable, a dose will not usually be given before 12 noon.
- A timed record will be made of all doses given.

RECORD KEEPING:

- The school will keep a record of all medicines administered to individual pupils, 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. The Medical Tracker system is used to manage this process.
- A second person will witness the administration of controlled drugs.
- A record of administration of medicine will not be recorded where the pupil has taken responsibility for their own medication, e.g. asthma inhalers and take their medication, as and when it is required.
- A record will be made where medication is held by the school but self-administered by the pupil.

SAFE STORAGE OF MEDICINES

- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- Pupils know where their medication is stored and are able to access them immediately or where relevant know who holds the key.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.

- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Welfare Room refrigerator, which is not accessible to pupils.
- Medication will never be prepared ahead of time and left ready for staff to administer.
- An audit of pupil's medication will be undertaken every half term disposing of any medication that is no longer required.
- It is the parent's responsibility to ensure their child's medication remains in date.

DISPOSAL OF MEDICINES:

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded.
- Parents should also collect medicines held at the end of the summer term.
- If parents do not collect medicines which have expired then they will be taken to a local pharmacy for safe disposal.
- Sharp boxes will always be used for the disposal of needles and will be kept in the medical room.

HYGIENE AND INFECTION CONTROL:

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

School will put in place specific procedures as required to manage the site safely in relation to a medical need likely to impact on the whole school community e.g. outbreak of viral illness such as norovirus or Covid19. The arrangements implemented will be based on advice from government, Public Health England and the NHS, e.g. provision of hand sanitiser and short term measures such as social distancing to manage risk associated with Covid19. The school has a supply of personal protective equipment for staff to use if ministering to the needs of students with a suspected contagious illness.

DAY VISITS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES:

- The school will actively support pupils with medical conditions to participate in school trips and visits or in sporting activities.
- The school will make reasonable adjustments for the inclusion of pupils in such activities.
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
- The school will consider the reasonable adjustments that can be made to enable pupils with medical needs to participate fully and safely in visits. These arrangements will be recorded in a risk assessment for the event.
- One member of staff accompanying the visit will be asked to take on the lead role for administering medicines or managing healthcare procedures.
- Where medicines are administered this should be recorded. This form should be kept on file on return from the visit.

SCHOOL ARRANGEMENTS FOR COMMON CONDITIONS:

Asthma

- An inventory of all pupils with asthma will be compiled; records of students with asthma will be kept in the schools management system (Arbor) and in Medical Tracker
- An Individual Healthcare Plan/Record will be followed or developed;
- All staff will be trained to recognise the symptoms of an asthma attack and know how to respond in an emergency. Annual training is undertaken usually provided by the school nurse.
- Inhalers are kept in the classroom in a Medical Bag and are in named bags to identify the student to whom they belong. These bags are taken to other locations in school if these are visited by the class
- The Trip Leader is responsible for taking the school spacer and prescribed inhalers on school trips and visits
- There are generic inhalers kept in the medical room and which can be used for any student who has an inhaler prescription in a situation where they need medication but their own inhaler is not available for any reason.
- Where students have a diagnosis of asthma but no inhaler or medication, parents will be asked to inform the school and this will be recorded. School will inform parents when their child presents with asthmatic symptoms so that the family can seek appropriate medical review to consider if medication is needed to control the condition.

Anaphylaxis (Severe Allergic Reaction)

- School has specific guidelines for managing students with allergies
- All staff will attend regular training on the symptoms of anaphylaxis, which includes information and practise on when and how to use the adrenaline auto-injector. This is usually delivered by the school nurse.
- An Individual Healthcare Plan/Record will be followed or developed
- Auto-injectors will be kept readily available;
- Auto-injectors are kept in the classroom in a Medical Bag and are in named bags to identify the student to whom they belong. These bags are taken to other locations in school if these are visited by the class
- There are generic auto-injectors kept in the medical room and which can be used for any student who has an inhaler prescription in a situation where they need medication but their own inhaler is not available for any reason.
- The trip leader is responsible for ensuring that all medicines are taken on the school trip and looked after by a responsible adult

Epilepsy

- An Individual Healthcare Plan/ Record will be followed or developed;
- A appropriate number of staff will be trained in identifying the symptoms and triggers for epilepsy, including administering medication
- There will be a trained member of staff available at all times to deliver emergency medication. Details will be recorded on the pupil's Healthcare Plan.
- A Welfare Room with a bed will be kept available so that if needed the pupil will be able to rest following a seizure, in a safe supervised place.

- The school will offer support with a mentoring or buddying system to help broaden an understanding of the condition;
- The school will enable students to take a full part in all outings and activities,
- The school will make necessary adjustments e.g. exam timings, coursework deadlines, timetables.
- The school will liaise fully with parents and health professionals;
- Some pupils with epilepsy are prescribed rectal diazepam or buccal midazolam. This will be administered by staff who are specifically trained to undertake this task and have agreed to this responsibility.
- The administration of medication will be recorded.
- Two adults will be present for the administration of rectal diazepam, at least one being of the same gender as the child. The dignity of the pupil will be protected as far as possible, even in an emergency.
- If appropriate, a record will be kept of the pupil's seizures so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.

Diabetes

- An Individual Healthcare Plan/ Record will be developed.
- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.
- A suitable private place will be provided for pupils to carry out blood tests and administer doses, e.g. Welfare Room.
- Pupils will not be prevented from eating drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- If a pupil has a hypo, they will not be left alone; a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the pupil has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.

LIABILITY AND INDEMNITY

The Governing Body will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

COMPLAINTS

Parents/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

This policy should be reviewed every two years.

Review: Nov 2022

Next Review: Nov 2024