



## Supporting Pupils with Medical Needs Policy

<b>Status</b>	Current	<b>Approval</b>	FGB
<b>Review frequency</b>	Annual	<b>Author (role)</b>	
<b>Date first introduced</b>	September 2013	<b>Date last approved</b>	May 2024
<b>Date of next review</b>	May 2025	<b>Date withdrawn</b>	N/A

### Main Policy Introduction

Section 100 of The Children and Families Act 2014 places a duty on the Governing Body of Foxhills Federation (Foxhills infant and junior federations) to make arrangements for supporting children at either federation with medical conditions. The Department of Education has produced statutory guidance 'Supporting Pupils with Medical Conditions' and we acknowledge and comply with the guidance.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including federation trips and physical education. We aim to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in federation so that they can play a full and active role in federation life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

### The Governing Body is responsible for:

- Ensuring the policy for Supporting Pupils with Medical Conditions is developed and implemented
- Ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of federation life.
- Ensuring that sufficient staff have received suitable training and are competent before they take on the responsibility to support children with medical conditions.
- Ensuring that staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

### The Headteacher is responsible for:

- Ensuring that the policy for Supporting Pupils with Medical Conditions is developed and implemented with partners and all staff are aware of the policy and understand their role in the implementation.
- Ensuring all staff are aware of the child's condition.
- Ensuring that there are sufficiently trained staff to implement the policy and deliver against healthcare plans, including in contingency and emergency situations.
- Ensuring there are the necessary healthcare plans in place.

### Teachers and Support Staff are responsible for:

- Supporting children with medical conditions and administering medication where possible.
- Ensuring they receive sufficient and suitable training and achieve the necessary level of competency to support children with medical conditions.



- Ensuring they know what to do and respond accordingly when they become aware that a pupil with medical conditions needs help.

**The Federation Link Nurse will provide support and guidance as requested.**

## **Local Arrangements**

### **Identifying children with health conditions**

We aim to identify children with medical needs on entry to the federation by working in partnership with feeder federations.

When a child is identified as having a medical condition, we use the 'IHCP (Individual Health Care Plan) to ensure that we have appropriate arrangements in place to be able to support children appropriately.

Where a formal diagnosis of a medical condition 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.

### **Individual Healthcare plans (IHCP)**

For certain medical conditions, we ask parents to complete Individual Health Care Plans to compile information and these are updated annually. Not all children will require one: the federation, healthcare professionals and parents will agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate.

Where children require an Education and Health Care Plan (EHCP) it will be the responsibility of the Deputy Headteacher/Inclusion Leader, **Mrs Heather James**, and SENCo, **Mrs Clare Kealey**, to work with parents and relevant healthcare professionals to write the plan. An EHCP (and its review) may be initiated in consultation with the parent, by a member of federation staff or by a healthcare professional involved in providing care to the child. The *SENCO/ Inclusion Leader* will work in partnership with the parents, and a relevant healthcare professional e.g. federation, specialist or children's community nurse, who can best advise on the particular needs of the child to draw up and/or review the plan. Where a child has a special educational need identified in an Educational Health Care (EHC) plan, an IHCP may be linked to or become part of that EHC plan. We may also refer to the flowchart contained within the document 'Process for identifying children with a health condition' for identifying and agreeing the support a child needs and then developing the IHCP.

We use an amended IHCP template - based on Hampshire County Council Children's Services Health and Safety Team - to record the plan. If a child is returning following a period of hospital education or alternative provision (including home tuition), then we will work with Hampshire County Council and education providers to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

The SENCO/ Inclusion Leader ensures that the Health Plans are reviewed annually in September or sooner if there is a change to the child's needs.

The Governing Body will consider the following when deciding what information to include on the IHP:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication and other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies
- Who will provide this support, their training needs, expectations of their role and cover arrangements if this person is not available.
- Who in the federation needs to be aware of the child's needs and support required.
- Arrangements for written permission from parents for medication to be administered or self-administered.
- Arrangements required for federation trips or before/after federation activities. E.g. risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals entrusted with this information.



- What to do in an emergency, including who to contact and contingency arrangements

### **Staff Training**

All new staff will be inducted on the policy when they join the federation through the staff induction programme. Records of the induction will be kept on federation files by the Federation Business Manager. All nominated staff will be provided with awareness training on the federation's policy, 'For supporting children with medical conditions' which will include their role in implementing the policy. This training will be carried out annually and/or following a review of the Policy. Awareness training will be provided to staff. We will use signature sheets to show when training has been completed.

When required, we will work with 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. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the child's IHP. Any training undertaken will form part of the overall training plan for the federation and refresher awareness training will be scheduled at appropriate intervals agreed with the relevant healthcare professional delivering the training.

### **The child's role**

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 IHCP. 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 at the earliest opportunity).

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 and parents on the appropriate level of supervision required and document this in their healthcare plan.

### **Managing medicines on Federation Premises**

The administration of medicines is the overall responsibility of the parents. 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 federation hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore, this may include managing medicines where it would be detrimental to a child's health or federation attendance not to do so. We will not give prescription or non-prescription medicines to a child under 16 without their parents' written consent and a completed 'Administration of Medicines & Treatment Consent Form', 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. A documented tracking system to record all medicines received in and out of the premises will be put in place. The name of the child, 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 federations 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, staff should make sure that it is stored in a safe but readily accessible place, and 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 either 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 federation have concerns they will seek further guidance from their link Federation Nurse). We will never administer aspirin or medicine containing Ibuprofen to any child under 16 years old unless prescribed by a doctor.

All other pain relief medicine will not be administered without first checking maximum dosages and when previously taken. We will always inform parents. 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 Head teacher. Emergency medicines will be stored in a safe location 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

Other emergency medication i.e. Rectal diazepam or Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

### **Storage**

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise. Where medicines need to be refrigerated, they will be stored in the staff 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 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 federation premises or on federation trips. Storage of medication whilst off site will be maintained at a steady temperature and be secure. There will be appropriately trained staff present to administer day to day and emergency medication and copies of IHPs will be taken off site to ensure appropriate procedures are followed.

### **Disposal**

It is the responsibility of the parents 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. Parents will be informed of this when the initial agreements are made to administer medicines. Medication returned to parents will be documented on the Administration of Medicines and Consent Form. 'Sharps' boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally through PHS Group plc. who will remove them from site *half termly*.

### **Medical Accommodation**

Both federation offices, *situated by the main entrance of each federation*, will be used for all medical administration/treatment purposes. This area is available at all times.



### **Record Keeping**

A record of what has been administered including how much, when and by whom, will be recorded on a 'Record of Prescribed Medicines' form. The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parents.

### **Emergency Procedures**

Where a child has an EHCP, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the federation know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff (normally a trained first aider) will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the federation holds).

### **Day Trip and Off-Site Visits**

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 take advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **Other Issues**

Both federations have Salbutamol Asthma inhalers and epipens for emergency use, which are kept in the medical rooms.

### **Unacceptable Practice**

Staff are expected to use their discretion and judge each child's IHCP 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 without good reason or prevent them from staying for normal federation activities, including lunch, unless this is specified in their IHCP's;
- if the child becomes ill, send them to the federation office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments (emailed copies of appointment letters/correspondence must be provided).
- 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 federation to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the federation 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 federation life, including federation trips e.g. by requiring parents to accompany the child (see also Accessibility Policy).



### **Liability and Indemnity**

Staff at the federation are indemnified under the County Council self-insurance arrangements. The County Council is self-insured and have extended this self-insurance to indemnify federation staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the federation have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical condition.