



Hadley Learning Community
Secondary Phase
Supporting pupils at school with medical conditions
Policy

Written by: Rebecca Harvey **Date:** 03.06.2020

Approved by: HLC Governing Body **Date:** 02.12.2021

Last reviewed on: 28.09.2021

Next review due by: 28.09.2022

Contents

Page 3-4	Introduction
Page 5	1. Procedures to be followed whenever school is notified that a pupil has a medical condition
Page 5	2. The role of individual healthcare plans, and who is responsible for their development, in supporting pupils with medical conditions
Page 5-6	3. How staff will be supported in carrying out their role to support pupils with medical conditions and how this will be reviewed
Page 6	4. How staff training needs will be assessed, arrangements for whole-school awareness and induction arrangements for new staff
Page 6-7	5. Procedures for managing medicines
Page 8	6. What should happen in an emergency situation?
Page 8	7. Arrangements for school trips and sports activities
Page 8	8. What practice is not acceptable?

Appendices

Page 9	Process for developing individual healthcare plans
Page 10-12	Individual healthcare plans (template)
Page 13	Parental agreement for setting to administer medicine (template)
Page 14-15	Record of medicine administered to an individual child (template)
Page 16	Record of medicine administered to all children (template)
Page 17	Staff training record – administration of medicines (template)
Page 18	Guidance for contacting emergency services
Page 19	Model letter inviting parents to contribute to individual healthcare plan development

Policy for supporting pupils at school with medical conditions

This policy sets out The Hadley Learning Communities commitment to supporting all pupils with medical conditions who attend school and for their individual needs to be met.

It sets out how the needs of pupils with medical needs are supported within the provision as required and detailed in the document *“Supporting Pupils at School with Medical Needs”*, December 2015, Department for Education.

Section One: Introduction

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The Department for Education published statutory guidance intended to help governing bodies and schools meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to 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.

Parents of children with medical conditions are often concerned that their child’s health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children’s health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child’s medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children’s educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil’s medical condition (which can often be lengthy), also need to be effectively managed and appropriate support

put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in 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 (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the HLC Special Educational Needs and Disabilities School Information Report, which is published on our website.

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Section Two – School Policy and Procedures

1. Procedures to be followed whenever school is notified that a pupil has a medical condition

1.1 It is a **parental** responsibility to ensure that the school is notified of any medical information that is relevant for their child. It is important that all parents note that medical information is not automatically passed on by health professionals or previous educational establishments and when it is the process, it can take a considerable amount of time if it is done via circulation of reports.

1.2 If a pupil has a health need or a change of need, parents are asked to contact: **Nicola Davies (Medical Lead)**.

1.3 When the school is notified of a medical need, the school will put provision in place to support the pupils' medical needs in school. This may take place with liaison with the LA if additional resources are requested.

1.4 The Director of Inclusion, Assistant SENDCO or Medical Needs Lead will ensure that there is appropriate liaison with the school nurse and/or school staff. Our **Director of Inclusion is Rebecca Harvey** and our **Assistant SENDCO is Hayley Mason**.

2. The role of individual healthcare plans, and who is responsible for their development, in supporting pupils with medical conditions

2.1 Health care plans will enable staff and the school to effectively meet the medical needs of the pupil in a safe way and support the pupil to access the curriculum and wider school life.

2.2 The Medical Lead, Director of Inclusion or Assistant SENDCO will liaise with the parent/ carer, appropriate school staff and other agency professionals to ensure that the individual health care plans meet the child's needs and manages any risks to the child's education, health and social well-being and minimises disruption.

3. How staff will be supported in carrying out their role to support pupils with medical conditions and how this will be reviewed

3.1 Currently health care plans at the HLC are within a range of documents that include:

- Risk assessment
- Behaviour support plans
- Asthma care plans
- Diabetes plans
- Moving and handling plans
- ADD

3.2 The current individual documents will be collated into one single Healthcare Plan. This will ensure that clear guidance is located for staff in one single document.

3.3 Staff will receive appropriate training and resources to support children with medical needs.

3.4 Staff will be supported by the senior leadership team.

3.6 Risk assessments and plans are reviewed at least annually. This may be in line with SEN annual review for pupils who also have an Education, Health and Care Plan. Risk assessments and plans will be reviewed earlier if needs change.

4. How staff training needs will be assessed, arrangements for whole-school awareness and induction arrangements for new staff

4.1 The school conducts an annual self-review to identify any generic training needs. Each time a pupil starts the school or if needs of an existing pupil change then training is re-assessed.

4.2 Each new member of staff receives appropriate induction training as required.

4.3 The Director of Inclusion tracks training needs.

5. Procedures for managing medicines

5.1 The school procedures on managing medicines adheres to the requirements set by the DfE (Department for Education).

5.2 The Medical Lead, Director of Inclusion or Assistant SENDCO will ensure that medications are received, stored and administered in line with the requirements of statutory guidance.

- I. The supply, possession and administration of some medicines are controlled under the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicines for use in children, e.g. Methylphenidate.
- II. The school will keep any controlled drugs in a locked, non-portable container and only named members of staff will have access. A record will be kept for audit and safety purposes.

5.3 Members of staff are not under a contractual obligation to dispense medicines and parents should keep their children at home if they are acutely unwell or infectious. It should be noted that we will not administer medicines for common ailments. In this case parents are advised to obtain slow release medication from their doctor.

5.4 Parents are responsible for:

- I. Providing the school with comprehensive information regarding the pupil's condition and medication
- II. Delivering each item of medication to the Medical Lead, Director of Inclusion or Assistant SENDCO in a secure and labelled container as originally dispensed, with written and signed instructions.
- III. Making sure each item of medication is clearly labelled with the following information:
 - a. Pupil's name
 - b. Name of medication
 - c. Dosage
 - d. Frequency of medication
 - e. Date of dispensing
 - f. Storage requirements
 - g. Expiry date

The school will not accept items of medication in unlabelled containers.

- IV. Ensuring that only reasonable quantities of medication are supplied to the school (a maximum of four weeks supply at any one time).
- V. Notifying the school in writing if the pupil's need for medication has ceased.
- VI. Disposing of their child's medication.
- VII. Where it is appropriate to do so pupils will be encouraged to administer their own medication, if necessary under staff supervision. Parents should confirm in writing if they wish their child to carry medication with them to school.

5.5 The school will be responsible for:

- I. Keeping the medication in a secure place out of reach of pupils, ideally locked away.
- II. Keeping the records, which will be available to parents.
- III. Ensuring that staff who administer medication will have appropriate training.
- IV. Drawing up a medication plan, in conjunction with the appropriate health professionals for each pupil with long term or complex medical needs.

5.6 The school will not:

- I. Give an unprescribed medicine to a child unless there is specific prior written permission from the parent.
- II. Force a child to take medication if they refuse. The parents will be informed as soon as possible.
- III. Make changes to dosages on parental instructions.
- IV. Dispose of medicines. Medicines which are in use and in date should be collected by the parent at the end of each term. Date expired medicines and those no longer required will be returned to the parent for disposal.

5.7 The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises even if additional arrangements may be required.

6. What should happen in an emergency situation?

6.1 Emergencies (whatever the cause) will be treated as such. The actions would depend upon the nature of the emergency. Each child's individual health care plan identifies what constitutes an emergency and what to do.

6.2 Senior Leaders will be informed.

6.3 The school has a comprehensive whole school Emergency Evacuation plan and protocols are in place for known potential emergency situations. Every emergency situation is supported by relevant staff and admin where applicable.

6.4 If a pupil develops an anaphylactic shock, severe breathing difficulties, severe bleeding or becomes unconscious, an ambulance (999) will be called immediately, regardless of any other first aid action taken. These are all potentially life threatening situations. *Please refer to specific details with in the school First Aid policy for more information.*

6.5 All staff will be made aware of the procedures to be followed in the event of an emergency, who the qualified first aiders are and how they can get hold of them in the event of an emergency.

6.6 The Medical Lead will be responsible for ensuring that the Emergency Evacuation Bag contains appropriate medical supplies for those pupils who may need them during an evacuation. All first aiders should be aware of the location of the Emergency Evacuation Bag during an emergency situation.

7. Arrangements for school trips and sports activities

7.1 Via a risk assessment process an appropriate number of appropriately trained first aiders go on all trips/activities out of school. There is risk assessment in place for all trips and sports activities which ensures that individual medical needs are met.

7.2 Consultation with parents, pupils and advice from relevant healthcare professionals is sought, where applicable, to ensure that pupils can participate in sports activities safely.

8. What practice is not acceptable?

8.1 Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not acceptable practice to:

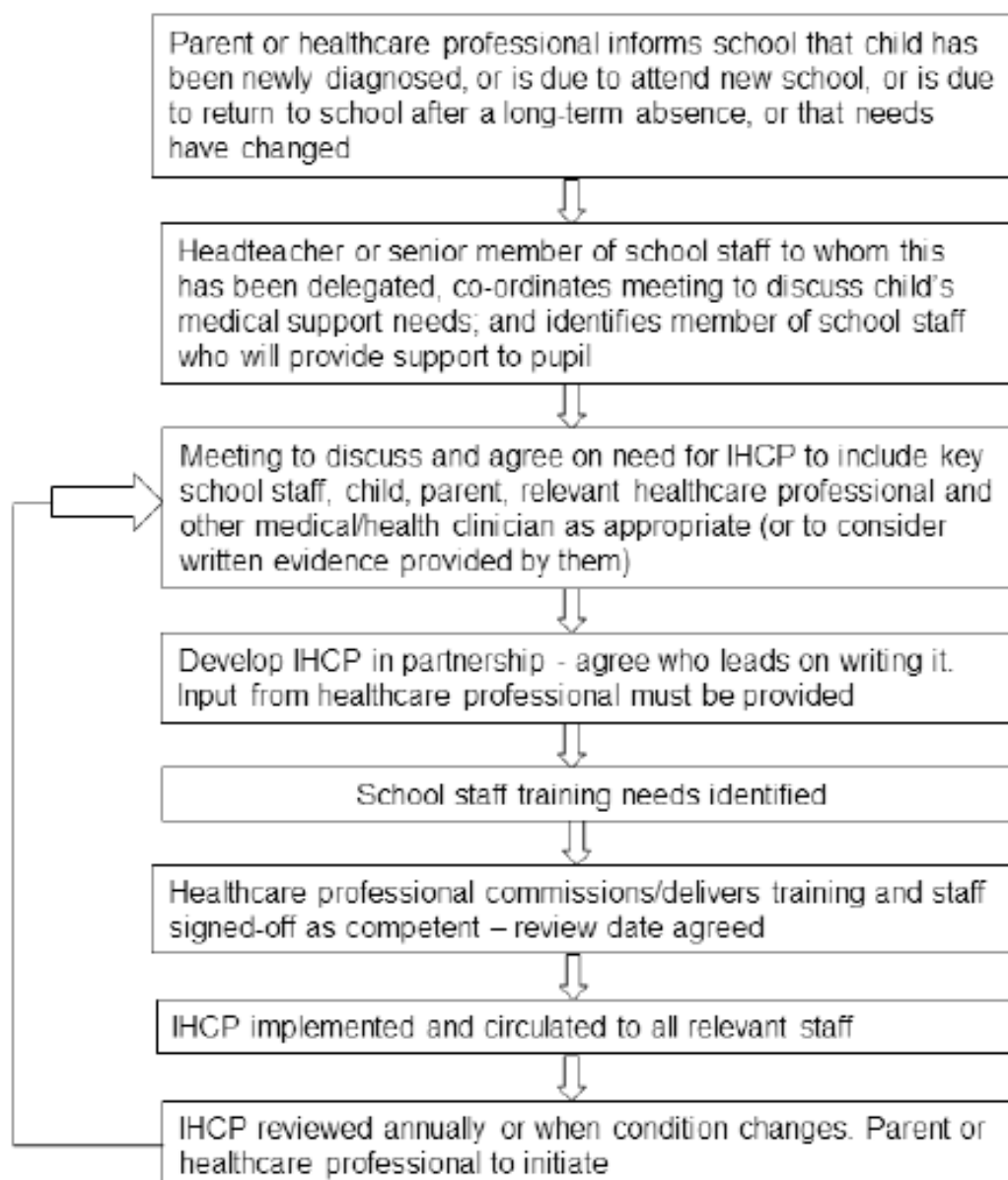
- I. Prevent children from easily accessing their inhalers and medication.
- II. Assume every child with the same condition requires the same treatment.

Ignore the views of the children or their parents; or ignore medical evidence or opinion.

- III. 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.

Appendices

Process for developing individual healthcare plans



Individual healthcare plans

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Record of medicine administered to an individual child

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	

Staff signature _____

Signature of parent _____

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

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

C: Record of medicine administered to an individual child (Continued)

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			

Record of medicine administered to all children

Name of school/setting	Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name	

Staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number **01952 387300**
2. your name
3. your location as follows:
 - 3.1. **Waterloo Rd, Hadley, Telford TF1 5NU (Secondary entrance)**
 - 3.2. **Crescent Road, Hadley, Telford, TF1 5JU (Community entrance)**
4. provide the exact location of the patient within the school setting
5. provide the name of the child and a brief description of their symptoms
6. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
7. put a completed copy of this form by the phone

Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email or to speak by phone if this would be helpful.

Yours sincerely