



PENKRIDDLE MIDDLE SCHOOL

Supporting Pupils at School with Medical Conditions Policy - 2015

POLICY NUMBER & CATEGORY	School - 01	
VERSION NO & DATE	1	Date: 26.2.15
RATIFYING COMMITTEE	Governing Body	
DATE RATIFIED	10.03.2015	
ANTICIPATED REVIEW DATE:		
POLICY LEAD	Chair of Governors Head Teacher Deputy Head Teacher	
POLICY AUTHOR (if different from above)	N. Frost & S. King	
FORMULATED VIA	Committees involved: H&S/Premises	

Penkridge Middle School

GOVERNORS' POLICY

Supporting Pupils at School with Medical Conditions

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term - affecting their participation in school activities whilst they are on a course of medication.
- (b) Long-term - potentially limiting their access to education and requiring the provision of extra care and support.

Introduction

The statutory guidance, "Supporting Pupils at School with Medical Conditions - April 2014", places a duty on a Governing Body to ensure arrangements are in place in schools to support pupils at school with medical conditions. So, Local Authorities and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises, with those individuals themselves responsible for following, diligently, safe practice and procedures in school. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their peers and, in such cases, individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, as necessary, trained to provide any additional support these pupils may need.

Section 100 of the Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' (in the place of a parent) and may need to take swift action and without the agreement of a parent in any emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with clear information about that. The school takes advice and guidance from Staffordshire Local Authority, which encourages self-administration of medication by a child when possible, and from the Department for Education through the document, "Supporting Pupils at School with Medical Conditions April 2014", which requires governors to ensure that pupils in school

with medical conditions should be properly supported so that they have full access to education, including school visits and physical education. In doing so, governors should ensure that such children can access and enjoy the same opportunities at school as any other child.

Aims

Penkridge Middle School aims to:

- assist parents in providing medical care for their children
- ensure that parents and their children feel confident in the school's ability to provide effective support of the medical condition
- educate and update staff and children in respect of special medical needs
- adopt and implement the Local Authority's guidance and policy of Medicines in Schools (to be reviewed and updated annually)
- liaise, as necessary, with medical and other support services, in support of the individual pupil
- ensure access to full education, as far as is possible
- monitor and keep appropriate records, including individual healthcare plans, as required
- provide emotional and pastoral support to a child, as needed, to promote learning, self-confidence and self-care
- provide support with planned re-integration into school after a long term absence
- ensure that all staff understand that some medical conditions will affect the quality of life of a child and may be life-threatening, so the focus should be on the needs of each individual and how their medical condition impacts on their school life.

Entitlement

The school accepts that pupils with medical needs should, where this is possible, be assisted in accessing their right to the full education available to other pupils. The school believes that pupils with medical needs should be supported in achieving full and regular attendance, as this is possible, and to receive the necessary proper care and support.

Some children with medical conditions may also be disabled. Where this is the case, the Governing Body must comply with their duties under the Equality Act 2010. Some children may have special education needs (SEN) and may have a statement, or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special education provision. For children with SEN, this policy should be followed in conjunction with the SEN Code of Practice. If a child is SEN but does not have a statement or EHCP, their special educational needs should be stated on their individual healthcare plan.

The school accepts that all employees have rights in relation to supporting pupils with medical needs, as follows:

- choose whether or not they are prepared to be involved (except when this forms part of their employment profile/appointment)
- receive appropriate training
- work to clear guidelines
- have concerns about legal liability
- bring to the attention of senior leadership any concern or matter relating to supporting pupils with medical needs

Under an employee's duty of care, all staff hold a responsibility with regard to the safeguarding of pupils. Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of a child.

Expectations

- parents will be expected and encouraged to co-operate in training children to self-administer medication (under the supervision of a member of staff), and that members of staff will only be asked to be involved in administering the medication if there is no alternative;
- where parents have asked the school to administer the medication for their child, they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime, with instructions for administration and storage, should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required during the school day. The name of the pharmacist should be visible on the information/labelling. Information on labels **must never be altered in any way** and should not be accepted by school if they have been amended. Any medication not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine to school: this should be brought into school **by the parent** and handed to office staff who will complete the necessary forms with parents. All medicines brought in to be administered, must be recorded. The record should be in black pen and must show the:
 - Name of the young person for whom medication is prescribed.
 - Date of receipt of the medication by office staff.
 - Name and strength of the medicine.
 - Quantity of medicine received (if applicable).
 - The dosage required to be administered
 - The time of the required dose
 - Expiry date of medicines and any special warnings or precautions
 - Signature of the employees receiving the medicines
 - Where consent from parents is also being sought at the same time, the record should also include the signature of the parent or carer.

- Employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- the school will liaise with the School Health Service for advice about a pupil's special medical needs, and will seek support from the relevant practitioners, as necessary, and in the interests of the pupil.
- the school will ensure that transitional arrangements are put in place for when a child moves school.

Employees

- any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use, should be stored in an appropriate place away from any possible access by children and kept out of the reach of pupils. Any staff medication is the responsibility of the individual concerned and not of the school. Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or young person.

Key Responsibilities

- The Deputy Head (Health & Safety: Mr R West) is responsible for ensuring that sufficient staff are suitably trained to meet pupils' medical needs.
- The Pupil Support Officer (Mrs S. Hodson) and/or office staff will ensure that, on receipt of medical information, all relevant staff are made aware of a child's condition. Receipt of medical information from parents or health professionals by the school office will be communicated by office staff immediately to the pupil Support Officer, Mrs Hodson.
- The Pupil Support Officer (Mrs S. Hodson) and/or Finance & Cover Support Officer (Mrs L. Wright and in her absence Mrs J Whitehouse) will inform the Deputy Head Teacher (Mr R. West) of any need to organise cover arrangements in case of staff absence or staff turnover to ensure someone is always available to meet the specific medical needs of pupils, and especially those with specific plans.
- The Finance & Cover Support Officer (Mrs L. Wright - Admin Team) and in her absence, the Clerical Officer (Mrs J. Allman) or Ms J. Whitehouse, will undertake the briefing of supply teachers with information about pupils with medical needs and their specific requirements.
- The Health & Safety School Representative & Extended Leadership Team Member (Mr C. Watkins) will ensure that risk assessments for school visits, residential activities, sporting activities, Easter School events and other school activities outside of the normal timetable and school day are completed by staff and are appropriate in meeting the needs of individual pupils with medical and other needs.
- The Pupil Support Officer (Mrs S. Hodson) will undertake the development and monitoring of individual healthcare plans and, in liaison with the school nurse as required, will forward information to the Health & Safety Extended Leadership Team Member (Mr C. Watkins and Deputy Head Health & Safety Mr R West) for their records.

Records

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school. This should be formally organised and recorded so that teaching and support staff in the school community can support children with medical needs appropriately.

Like all schools, Penkrige Middle School operates a Complaints Procedure: should parents have a serious concern, this should be raised, in the first instance, with a senior member of staff such as the Key Stage Leader or Deputy Head. Parents should work with the school to effect a resolution but, should parents feel that a concern has not been resolved after all avenues have been exhausted, parents have recourse to the school's complaints procedure, where a formal complaint may then be raised in writing via a signed letter to the Head Teacher. If the complaint cannot be resolved by the Head Teacher, parents have the right to contact the Chair of Governors, Mr P. Davenport, by letter via the School Office, who may also investigate the issue and examine the school's response with a panel of governors convened for that purpose.

Responsible Senior Leader: Deputy Head: Health & Safety Date of next review: February 2016

Appendix 1

Policy into Practice

In order to sufficiently meet their statutory responsibilities, governors have approved the following procedures to be followed, which incorporate the administration of first aid in school:

- Individual pupil care plans are available to all staff in the designated staff information area in school. Updates are placed here by the Pupil Support Officer, Mrs S. Hodson and staff are individually responsible for ensuring that they keep themselves updated as to the changing medical needs of pupils.
- The Data Officer, Mrs Grainger, will regularly update medical notes for pupils with health care plans so that medical needs are clearly specified in records.
- School Visit Leaders, in conjunction with the Educational Visits Co-ordinator (Mr C Watkins) and Deputy Head Health & Safety (Mr R West) are responsible for planning individual risk assessments for pupils with medical needs when organising a study visit, as well as incorporating an individual pupil's needs into the group risk assessment. Visit Leaders are responsible for ensuring that all staff attending visits are fully briefed in advance of any visit and are in receipt of the risk assessments and a copy of the appropriate and most recent care plans well before leaving the school site for a visit; especially those staff designated to an individual pupil's care during the visit. Staff members designated to particular children must ensure that they are in receipt of the medication doses required by pupils on the visit and hold and understand the instructions for administering/monitoring the medicines during the time away from school.
- Where school has a concern, and where further specialist medical knowledge is felt to be needed, staff will liaise closely with the school nurse (and Educational Welfare Worker from the Local Support Team where relevant). School staff may also advise parents to refer a child to their GP for advice, for example, where a child may have presented to the school's medical room on several occasions and there is no known or apparent medical cause which merits such repeated visits. The school will work in partnership with health professionals such as bereavement counsellors, child mental health practitioners, disability support practitioners and other such health professionals, to provide the most effective and holistic support possible within the resources available.

- Transition arrangements for incoming pupils with medical needs will be planned for by Mrs M Wright (Key Stage 2 Leader) in liaison with our First School Partners. Mr D Hodson (Key Stage 3 Leader) will share medical information with receiving high schools for transition planning. Arrangements may be planned in liaison with the SENDCo and Mrs Hodson for pupils with additional medical needs or disabilities which may need more specialist provision.
- It is the responsibility of parents to ensure that the school has 'in date' medicines in enough supply to support their child's needs. These will be stored in the school office/refrigeration area.
- In rare cases where parents require non-prescribed medicines to be selfadministered under supervision during the school day, the same procedures will apply as for GP prescribed medicines. These will not be accepted without the signed agreement, permissions and medication dosage details from parents. Staff must never give a child aspirin or medicines containing ibuprofen unless these are specifically prescribed by a doctor in a GP prescribed and pharmacy-dispensed prescription packet with the necessary instructions. If a GP prescribes an OTC (over the counter) remedy, it becomes a prescribed medicine and must be treated accordingly.
- Medicines administered to individual children should be recorded by the designated office staff/First Aid staff members, stating the medicine administered, together with how it was administered and how much given/taken, the time it was administered and by whom. Any side effects experienced should also be recorded and parents informed swiftly.
- Where any staff on site (whether settings staff or community-based colleagues, e.g. nurses) use syringes and needles, it is their responsibility to ensure safe disposal of these items into a sharps box. Any used needles and syringes are not to be resheathed. They are to be disposed of immediately into the sharps box.
- If a child has been unwell at school, parents will be informed.
- Using information from pupils' EHCPs or medical care plans, in the case of an emergency, or following a deep concern after assessment by a school first aider, the school will telephone 999/inform paramedic teams and will then contact parents to inform them of the medical situation/concern. If a child needs to attend hospital, staff will remain with a child until the parent arrives or will attend hospital with the child in the ambulance in the absence of a parent/designated adult family member. Parents **must ensure** that their contact details are always up to date on school records and, where changes occur to

home or mobile contact numbers, addresses, etc., that school is immediately informed so that records are current.

- Office staff will check that medicines are still in date prior to administering or issuing to a child to self-administer. In addition, all medicine dates will be checked on a weekly basis by Mrs J Allman and, in Mrs Allman's absence, by Mrs L Wright, with a dated record of the audit retained for school records.

Appendix 2

Penkrige Middle School Process for Developing Individual Health Care Plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.



Head Teacher/Deputy Head Teacher or school staff to which this has been delegated (Pupil Support Officer), co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil.



Meeting to discuss and agree for Health Care Plan to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them)



Develop Care Plan
Input from healthcare professional must be provided



Any school staff training needs identified



Healthcare professional commissions/delivers training and staff signed-off as competent



Health Care Plan implemented and available to all relevant staff



Health Care Plan reviewed annually or when condition changes. Parent or healthcare professional to initiate.