

Brighter Futures Academy Trust
Supporting Pupils with Medical Needs Policy



Name of Policy Writer/Amendments	Date Written/Amended	Next Review Date
C Howarth	October 2014	October 2015
C Webb	December 2014	December 2015
R Denham	August 2015	September 2017
R Denham	January 2017	January 2019
R Denham	April 2018	April 2020
C Howarth	April 2018	April 2020
C Howarth	May 2020	May 2022

This policy was written in accordance of the statutory guidance published in December 2015, 'Supporting pupils at school with medical conditions'.

Brighter Futures Academy Trust will undertake to ensure compliance with the relevant legislation with regard to Supporting pupils at school with medical conditions' and to ensure best practice by extending the arrangements as far as is reasonably practicable to children and others who may also be affected by our activities.

Responsibility for Supporting pupils at school with medical conditions' at all Trust schools is held by the Head Teacher/ Head of School and Deputies in their absence.

All staff have a statutory obligation to follow and co-operate with the requirements of this policy.

Medical Needs Training

The Executive Headteacher will ensure that appropriate numbers of appointed persons are adequately trained to meet their statutory duties.

Medication

Please note that parents should keep their children at home if acutely unwell or infectious.

Parents are responsible for providing the school with comprehensive information regarding the pupil's condition and medication.

Prescribed medication will not be accepted in school without complete written and signed instructions from the parent/carer. A copy of the required form for prescribed medication is available from the school's Main reception.

The school will only give out medication prescribed by a doctor with the dosage clearly evident. Medicines are only administered at school when it would be detrimental to a child's health or school attendance not to do so. Written consent must also be received by the parent/carer this must be done by the head, deputy or learning mentor.

Each item of medication must be delivered to the main reception of school, in normal circumstances by the parent/carer, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

- Pupil's Name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important)
- Expiry date

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

Each classroom has a **marked medical box** to store pupil's medication and these will be kept in the teacher's stockroom cupboard or area that is accessible by pupils. These will store medications such as: inhalers and eczema creams which should be readily available to the children.

Children should know where their medicines are at all times and be able to access them immediately. 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.

Prescribed tablets based medications, for example ADHD drugs are kept in a red box in the high medicine cupboard in the staffroom. Medications that need refrigerating are stored in the staffroom fridge. These should be kept secure.

The school will keep records of when medication is taken, which will be available for parents on request.

If children refuse to take medicines, staff will not force them to do so, and will inform the parent/carer of the refusal, as a matter of urgency, on the same day. If a refusal to take medication results in an emergency the school's emergency procedures will be followed.

It is the responsibility of parent/carers to notify the school in writing if the pupil's needs for medication have changed or ceased.

It is the parent/carers responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.

The school will not make changes to dosages on parental/carer instructions. They must be instructed on the medicine, by a GP/doctor.

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each school year. Date expired medicines or those no longer required for treatment will be returned immediately to the parent/carer for the transfer to a community pharmacist for safe disposal.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, but under adult supervision.

Pupils should not carry their medication around the school site, they should only leave the medical boxes when; they are in use by the pupil or have an off-site visit.

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 might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

All staff understand the importance of following basic hygiene procedures. Protective disposable gloves are used when dealing with spillages of blood, disposal of dressings/medical waste or contact with bodily fluids. Yellow bag is for safe disposal.

All staff will be made aware of the procedures to be followed in the event of an emergency.

Supporting pupils with medical needs is the responsibility of all.

The Governing bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

The Executive Head Teacher/ Head Teacher/ Head of School or Deputy Head Teacher will ensure staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs.

Pupils:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate they should 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. Other pupils will often be sensitive to the needs of those with medical conditions.

School staff:

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. 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. Staff should record the administration of medicines and inform parent/carers regularly (see appendix 4). Any member of school staff should know what to do and respond accordingly.

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 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 frequently for reasons associated with their medical condition 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, e.g. hospital appointments;
- 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 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.

Health Care Plans

A Health Care Plan (see Appendix 3) is used to record important details about individual's children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. It incorporates a photograph of the pupil.

The purpose is to ensure that staff has sufficient information to understand and support a pupil with medical needs. The Health Care Plan is drawn up in partnership between the school, parent/carer, following advice and guidance from the child's GP or other health professionals and will set out in detail the measures needed to support a pupil in school, including preparing for an emergency situation. The information in the plan will be shared effectively but in a way that protects the child's confidentiality. Parent/carers are asked to ensure that any changes to the information are provided to school as soon as possible so that the plan can be updated.

Health Care Plans are checked on an annual basis at the start of each new school year.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), we will work with the local authority and education provider to ensure that the individual's healthcare plans identifies the support the child will need to reintegrate effectively.

See Appendix 1 of Supporting pupils at school with medical conditions December 2015 as to what will be included in the Care Plan

Keeping staff informed of pupil's medical needs

Each September we ask parent/carers to complete a pupil information sheet, which includes medical details. The details are recorded on the school's management system (SIMS). These details help to indicate which pupils require a Health Care Plan. (See Appendix 2 for letter template)

Class teachers and any staff working with pupils are made of aware of the medical needs of individuals and where their medication can be found.

Pupils identified as having a food allergy are photographed and pictures are displayed in the school kitchen, for the staff serving school lunches.

In the Event of an emergency

Dial 999 and call an ambulance. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits and sporting activities

Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Further advice:

Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. Please also see Health and Safety Executive (HSE) guidance on school trips.

Unacceptable practice

The Governing bodies recognises that the following practice is not acceptable.

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 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 frequently for reasons associated with their medical condition 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, e.g. hospital appointments;
- 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 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.

This policy is written in conjunction with the following policies.

The First Aid and Medicines Policy

The Complaints Policy

The Asthma Policy

Review date –April 2020

Appendix 1

Guidance from Supporting Children with Medical Needs December 2015

What to include on a care plan.

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil'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 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 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 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 child 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 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 2

Dear Parent/Carer,

I am sending home a Pupil Health Care Plan for you to complete for your child. These will be kept in school to allow the relevant staff to be aware of your child's needs. Alongside these, we will keep a record of the administration of their medication. If your child is an asthma sufferer, and doesn't take regular medication for their condition, then you will be informed daily of their administration and timings, should they require them.

These forms need to be returned to school by **enter date** so that we have current information about your child and their records can be updated.

Can I remind you that it is your responsibility to keep school updated on changes to medication/administration, and also to check the shelf life of all medications in school.

Please don't hesitate to contact me should you wish to discuss your child's medical needs any further or need help completing the form.

Yours sincerely,

Appendix 3

Brighter Futures Academy Health Care Plan

Name of Child:

DOB: Class:

Home Address:

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Medical Diagnosis or condition/Illness:

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Date of Diagnosis: Medical Review Date:

Pupil photograph- school will enter
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Describe medical needs and give details of child's symptoms:	
Names of Medicine prescribed for use:	
Daily care requirements/when to administer medicine: (e.g. before sport/playtime, at lunchtime)	
Describe what constitutes an emergency for the child, and the action to take if this occurs:	

	Clinic /Hospital contact	G.P. Contact
Name:		
Phone Number:		

Family Contact Information

	Contact 1	Contact 2
Name:		
Relationship to child:		
Daytime Contact Number:		
Mobile Number:		
Home Number:		

Name: Date:

Signature:

Relationship to child:

SCHOOL USE ONLY

Follow up care:	
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Who is responsible in an emergency (state if different for off-site activities)	
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Appendix 4

Please complete for all sections of the table to show the medication administration.

during the school day.