

**WOKINGHAM
BOROUGH COUNCIL**

Aspiration and Achievement

Model Policy for Supporting Pupils who have Medical Conditions

Meeting the needs of children and young people with Special
Educational Needs and Disability in Wokingham

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Supporting the needs of pupils who have medical conditions in [insert name of school here]

Purpose of the document

This document sets out how [insert name of school here] will ensure that any pupil with medical needs is enabled to take the fullest part in the opportunities for learning presented to **all** pupils. It sets out how [insert name of school here] will make arrangements in line with the statutory guidance for maintained schools and academies.

Background

The Children and Families Act 2014 places a duty on governors to make arrangements for supporting pupils at their school with medical conditions. The Department for Education (DfE) have produced statutory guidance for schools and this can be accessed at

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3>

Many children and young people with medical needs will have lifelong conditions and others may have medical needs which are temporary; both may change over time. Pupils with medical conditions may require support at school to manage their support due to absence or with the emotional impacts which are often associated with medical conditions. Some pupils with medical conditions will also have special educational needs (SEN) which are supported through an Education, Health and Care (EHC) Plan. Where this is the case, we will integrate the Health Care planning into the EHC plan. Where pupils have a current Statement of SEN, we will review the Health Care Plan alongside the Statement of SEN annual review process.

This document was reviewed by WBC's Public health department and will be reviewed by the school

Our commitment to Pupils and Families

This policy and practice document sits alongside the school's SEN policy '*Aspiration and Achievement: Model SEND Policy and Guidance for Schools*'. The underlying aim of both policies is to ensure that **all** pupils in our school can fully participate in any aspect of school life, and those with additional needs can play a full and appropriate part in developing their plans and provision, and are enabled to manage their condition with increasing independence and confidence.

Where pupils have medical needs, [insert name of school here] **will**:

- Follow the model process for developing Health Care Plans (Appendix A)
- Ensure that sufficient staff is trained to support pupils with specific medical needs, including cover for staff absence and turnover
- Ensure that all relevant staff is made aware of the pupil's condition. This is the responsibility of [insert name of school representative]
- Ensure any supply teachers are briefed. This is the responsibility of [insert name of school representative]
- Ensure that risk assessments are undertaken for school visits, holidays and activities outside the normal school day. This is the responsibility of [insert name of school representative]
- Monitor individual Health Care plans. This is the responsibility of [insert name of school representative]

School staff will always use their professional discretion when managing pupil behaviour, and the information provided to them will ensure that the decisions they make are not discriminatory and support reasonable adjustments.

As a school **we will not normally:**

- 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 we may sometimes query it)
- 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 Health Care 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, recovery time following illness or treatment
- 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues
- prevent children from participating, or create unnecessary barriers to children participating, in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Roles and responsibilities

In addition to the responsibilities which the governing body has, ensuring the safety and wellbeing of pupils requires input from a number of practitioners and the statutory guidance sets out the responsibility of all parties. These are set out in a table and appear as Appendix B. As part of those responsibilities, schools are required to have a policy for managing medicines on the premises.

Training and support

The training needs of staff will be addressed through the individual pupil's Health Care plan. General Certified First Aid courses do not confirm that a person can deliver support to pupils with medical conditions. In order to ensure the confidence of staff, pupils and families and provide safe and effective support, [insert name of school here] will:

- identify staff who will support individual or groups of pupils
- in partnership with health colleagues:
 - ✓ provide support staff with information about the medical condition
 - ✓ ensure these staff are trained and confirmed as competent by health colleagues
 - ✓ review training needs at least annually and when there is a significant change
 - ✓ provide awareness training for all staff of our medical needs policy annually

Emergency Procedures

All Health Care plans contain personalised information on what staff need to do in an emergency. In addition, as with any emergency involving pupils, staff will accompany the pupil to hospital and stay

with them until a family member arrives. To ensure that the best response is able to be provided, staff calling emergency aid will use the prompt in Appendix H.

Managing medicines

Prescribing

Medicines should always only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so. [Insert name of school here] will liaise with health practitioners to ensure that, where clinically possible, medicines are prescribed in dose frequencies which enable them to be taken outside of school hours.

Handling and storage

[Insert name of school here] can only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available as an insulin pen or a pump, rather than in its original container.

All normal infection control measures will be followed at all times (e.g. appropriate gloving, hand washing, disposal) and any equipment required for this will be provided in school.

Medicines which need to be locked away are stored safely. Details of access to medicines within school, which need to be readily or quickly available, will be in each pupil's Health Care plan. Arrangements for access to medicines during offsite activities will also be contained in the plan.

Medicines which are no longer required will be returned to the parent/carer for safe disposal. Staff in school will always use sharps boxes for the disposal of needles and other sharps.

If controlled drugs are prescribed for a pupil, they will be securely stored in a non-portable container and only named staff will have access. Controlled drugs will, however, be easily accessible in an emergency. For all medicines, school keeps a record of doses given and the amount of the controlled drug held in school.

Parental consent

Administration and supervision of medication will be in accordance with the pupil's Health Care plan. Non-prescription medicines will only be administered without parental consent in exceptional circumstances. Staff will not administer any medication containing aspirin to a child under 16 **unless it has been prescribed by a doctor**. Staff will always inform parents/carers if non-prescription medication, e.g. for pain relief, was administered and the dosage given.

Statutory guidance allows for medication to be given where the child or young person does not want their parent to know. School staff should consider whether they will do this. If it is agreed, the wording which follows reflects the statutory guidance. This principle was established around the area of sexual health and is based on the Gillick competency and Fraser guidelines, whereby the young person is deemed to be able to make their own informed choices

[Delete if above not agreed by school] Staff will give medication without parental consent in the rare circumstances where it has been prescribed to the pupil without parental knowledge. In this case, staff would strongly encourage the pupil to discuss this with their parents/carers without breaching their confidentiality.

Self-Management

After discussion with parents, pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual Health Care plans. Wherever possible, pupils will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Pupils who can take their medicines themselves or manage procedures may require an appropriate level of supervision which will be provided. If it is not appropriate for a pupil to self-manage, then appropriate staff will help to administer medicines and manage procedures. Arrangements for each pupil will be recorded on their Health Care plan. 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 child for use is an offence; school will therefore monitor dosage to ensure the health and safety of **all** pupils in school.

Record Keeping

[Insert name of school] keeps a record of all medicines administered to individual children, stating what, how, the dosage that was administered, when and by whom. Any side effects of the medication administered at school will be noted and parents/carers informed. Examples of record keeping are in Appendix E and F.

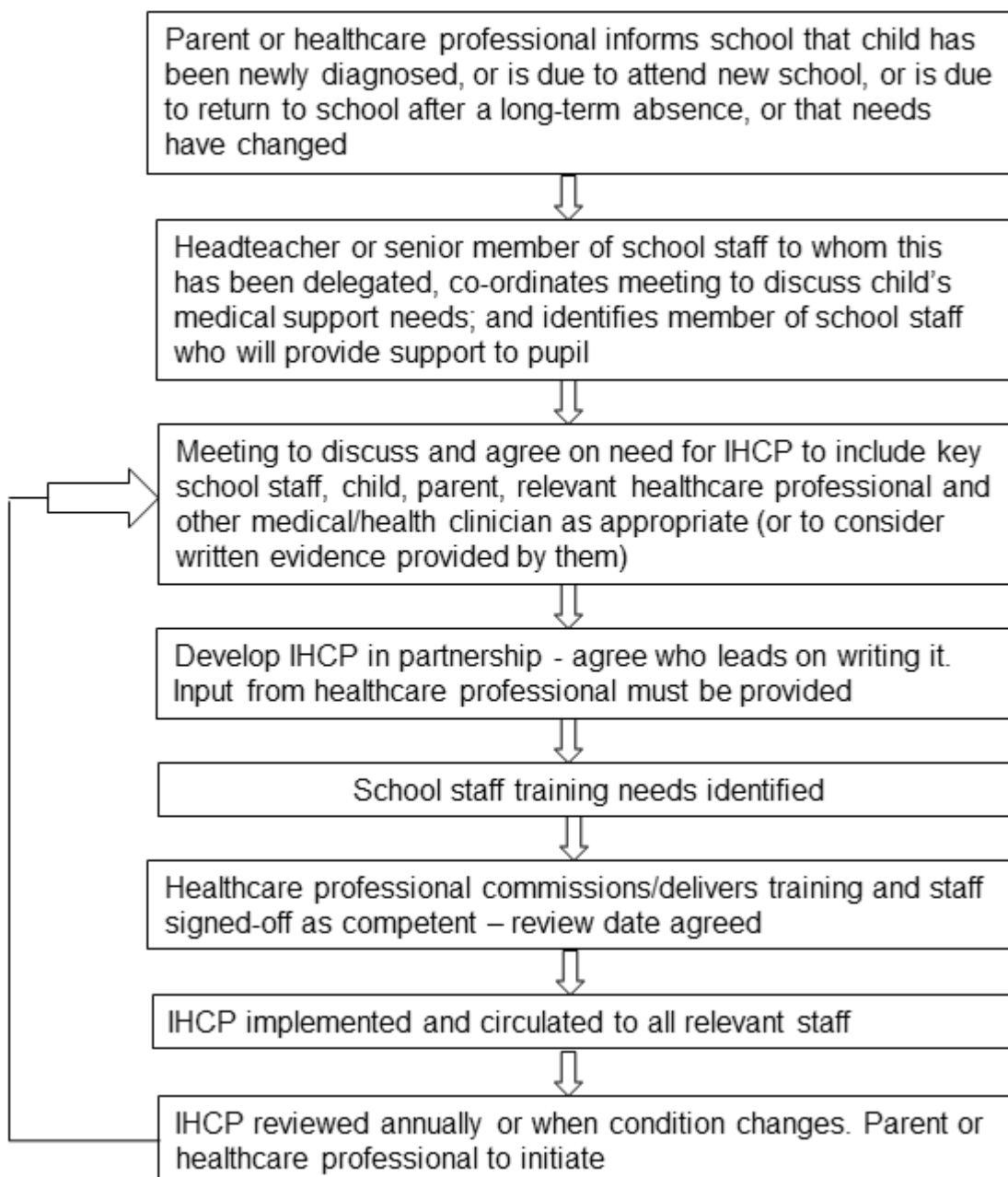
Insurance

Insurance is provided for [insert name of school here] by [insert name of insurer here]. The policy covers the administration of medication. In the case of any medical procedures, school staff will always check that the cover extends to that individual procedure. This check is undertaken by [insert name of school representative].

Complaints

We know that all parents and carers want the best for their child and we seek to resolve these concerns quickly. Where parents/carers have a concern about the provision being made for their child, they should initially contact [insert contact here]. If this does not resolve the situation, [insert complaint procedures here].

Appendix A: Process for developing individual Health Care plans



Appendix B: Table of responsibilities set out in the statutory guidance 'Supporting pupils at school with medical conditions' April 2014

Person/body	Role/responsibility
Governing Body	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 should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
Headteachers	should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. 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. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
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. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
School nurses	every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. They would

	often be the health care professional who provides and confirms training
Other healthcare professionals, including GPs and paediatricians	should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).
Pupils	with medical conditions will often be best placed to provide information about how their condition affects them. 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.
Parents	should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.
Local authorities	are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
Providers of health services	should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
Clinical commissioning groups (CCGs)	commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how

	to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
Ofsted	their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Appendix C: Letter inviting parents to contribute to individual Health Care plan development

Dear Parent

Developing a Health Care Plan for ZZZ

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

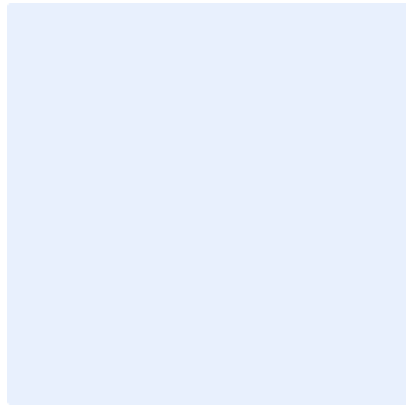
The next step is for us to write a health Care Plan for ZZZ. Individual Health Care plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's medical condition. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Not all children will require a Plan so, together, we will agree 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.

We would like to hold a meeting at school and we suggest dd/mm/yyyy at U. 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, please telephone us to see if we can make an alternative time available. If this is not possible 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 [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix D: Parental agreement



Parental agreement for XXX School to administer medicine

It is not possible for us to give your child medicine unless you complete and sign this form

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?	
Does your child take it themselves?	
If they do is supervision needed?	
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy	

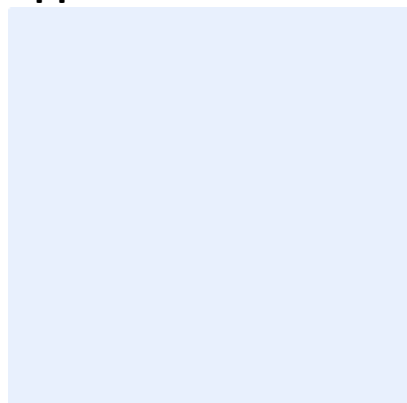
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

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 _____

Appendix E: Record of medicine administered



Record of medicine administered to an individual pupil

Name of pupil	
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

**For all medication it is essential that the dose is written clearly with the units for example – 2 x 5 mg.*

Fridges: If any medication is stored in fridges, ensure that routine temperature monitoring takes place. In most schools a small separate fridge is most appropriate

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

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

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

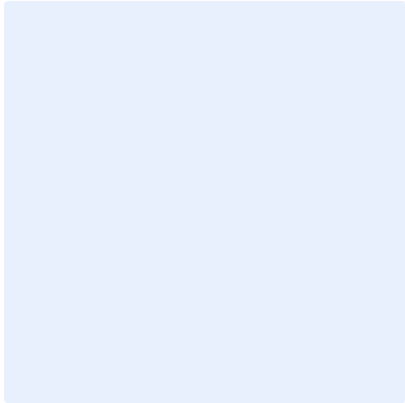
Date			
Time given			
Dose given*			
Name of member of staff			
Staff initials			

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

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

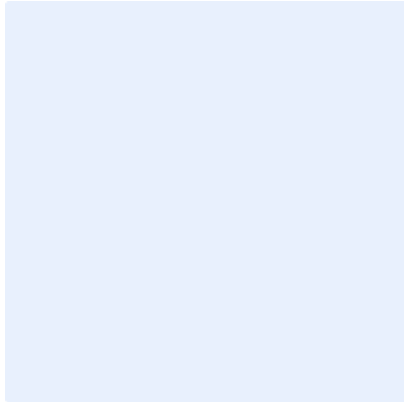
Date			
Time given			
Dose given*			
Name of member of staff			
Staff initials			

Appendix E: Record of all medicines administered to pupils



Date	Pupil	Time	Medicine	Dose	Any reaction	Signature	Print name

Appendix G: Health care plan



Health care plan

Pupil details		
Surname		[Child/young person's chosen picture]
Other names		
Address		
Date of birth		
Language at home		

Child/ young person's parent/s or person responsible			
Address if different		Relationship to child/young person	
Telephone numbers	home		
	work		
	mobile		
First contact			

Hospital or clinic contact		GP	
Name		Name	
Phone		Contact	

I am XXX and I have YYY			
In school this means		At home this means	
This is how I like to be helped to manage my condition			
I carry my own medication		I administer my own medication	
My medication is stored for me		I am helped to administer my medication	
I have an emergency plan		An adult gives me my medication	
<i>If this section has been completed by or with someone else please fill in the details below</i>			
Name		Relationship	

Equipment, diet or medication needs in school			
What	When	Who	Review date
Any side effects of my medication <i>child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.</i>			
A general risk assessment for regular out of school activities. <i>Any activity which is not regular, is off school premises or is an extended activity e.g. holiday will need an individual risk assessment</i>			

Key people within school who need to know about my condition			
Name	Role	Name	Role

This is my emergency plan	
How people know there is a problem	What actions need to happen
Who is responsible in an emergency in school	
Who is responsible in an emergency off site	

These people support me in managing my condition			
Name	Role	Contact details	Advice given

Non-medical support which helps me to access the full life of the school	
Area of need/impact	What provision will be made available

Staff training undertaken/required		
Who	What	When

Date this Health Plan will be reviewed	
People who helped draw up the Plan	
Plan sent to	

Signatures		
	Role	Date
	Pupil	
	Parent/carer	
	For school	

Appendix H: 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. school telephone number 0118 ### ####
2. your name
3. your location as follows school/setting address
4. state what the postcode is
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use
8. state that they will be met at that entrance
9. put a completed copy of this form by the phone