



United Learning
The best in everyone™

Dunottar School

Supporting Pupils with Medical Needs Policy

Supporting Pupils with Medical Needs Policy

This policy is in line with our equal opportunities statement and aims to support inclusion for all our pupils. The policy covers all statutory elements and focuses on maintaining the highest expectations for all pupils and bringing out the 'best from everyone'.

Rationale

The number of pupils attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption, or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly and with appropriate support from family and school, can take part in the normal school activities. However, some children with long term, complex or individualised medical needs will need to have them carefully planned and monitored by school, parents/carers, medical and other professionals and where appropriate for the child, to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

Introduction

The United Learning Trust is committed to ensuring that the necessary provision is made for every pupil within their schools' communities. The Trust celebrates the inclusive nature of their schools and strives to meet the needs of all pupils including those with medical needs and conditions.

Section 100 of The Children and Families Act 2014 places a duty on the governing body of each school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

The Trust endeavours to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

Each school will 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.

Context
<p>This policy was developed in consultation with parents/carers, staff and pupils and has regard to:</p> <ul style="list-style-type: none"> • Statutory Guidance: Supporting pupils at school with medical conditions – DfE – December 2015 • Section 100 of the Children and Families Act 2014 and associated regulations • The Equality Act 2010 • The SEND Code of Practice (updated 2020)
Headteacher: Mr Mark Tottman
<p>The named member of school staff responsible for this medical condition policy and its implementation is:</p> <p>Name: Mrs Carrie Allison</p> <p>Role: School Nurse</p>
Governor with responsibility for Medical Needs: Mrs Suzanne Laird
This policy will be reviewed annually
Agreed by Governing Body: Suzanne Laird
Review date: December 2023 or if required by any changes to legislation

This policy is to be read in conjunction with our:

- SEND Policy
- Safeguarding policy
- Equality Policy
- Behaviour and Anti Bullying policies
- Curriculum and Teaching and Learning policies
- Health and Safety Policy
- School Visits Policy
- Complaints Policy

Aims and Objectives

Aim

To ensure that all children with medical conditions, in terms of both their 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.

Objectives

- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met
- To work in close partnership with health care professionals, staff, parents and pupils to meet the needs of each child
- To ensure any social and emotional needs are met for children with medical conditions
- To minimise the impact of any medical condition on a child's educational achievement
- To ensure that a Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively
- To ensure as little disruption to our pupils' education as possible
- To develop staff knowledge and training in all areas necessary for our pupils
- To ensure safe storage and administration of agreed medication
- To provide a fully inclusive school.

Roles and Responsibilities

The Governing Body

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Dunottar School.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Monitoring written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Headteacher

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Dunottar School
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensure that all supply staff are aware of the policy and are briefed on individual pupil needs where appropriate
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

Staff Members

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Fully aware of who is a named staff member responsible for administering injections.

There is no legal duty which requires staff members to administer medication; this is a voluntary role.

School Nurses

- Notify the school when a child has been identified as requiring support in school due to a medical condition.
- Support staff on implementing a child's individual healthcare plan and provide advice where appropriate
- Liaising locally with lead clinicians on appropriate support.

Parents/Carers/Guardians

- Parents have prime responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed.
- Completing a parental agreement for school to administer medicine form before bringing medication into school. Draft in Annex 1.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carers responsibility to make sure that their child is well enough to attend school.

The Pupil

- Pupils are often best placed to provide information about how their condition affects them.
- Pupils should be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.

Individual Health Care Plans

See Example in Annex 2-

- An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.
- Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g., a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child, and their parents.
- Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent in the pupil medical form as detailed in annex 1 below.
- Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medications will be stored in the Health Centre. All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them

immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers and adrenalin auto-injectors should be always readily available to children and not locked away.

- Any medications left over at the end of the course will be returned to the child's parents.
- Pupils with asthma are encouraged to carry their inhalers with them. However, a spare inhaler should also be kept in the school office or classroom. Children with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.
- Medication administered to children will be recorded in their medical notes on iSAMS.
- Pupils will never be prevented from accessing their own medication.
- Automated External Defibrillators. One is located on the wall outside the Main Hall in the entrance lobby and the second one is in the entrance hall of the Sports Hall.
- Dunottar School cannot be held responsible for side effects that occur when medication is taken correctly.

Educational Visits

- We actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.
- A risk assessment will be completed at the planning stage to 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 school nurse or other healthcare professional that are responsible for ensuring that pupils can participate. A copy of the child's health care plan should be taken with the child on an Educational Visit.
- The class teacher must also ensure that medication such as inhalers and adrenaline auto-injectors are taken on all school trips and given to the responsible adult that works alongside the pupil throughout the day. A First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the school in case of an emergency.
- The school will refer to the OEAP National Guidance documents on First Aid (4.4b) and Medication (4.4d) to ensure suitable provision at the planning stage of every trip.
- The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip.

Staff Training

- The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.
- Any member of staff providing support to a pupil with medical needs must have received suitable training. It is the responsibility of the Headteacher to lead on identifying with health specialists the type and level of training required and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.
- Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- It is important that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. The school ensures that training on conditions which they know to be common within their school is provided (asthma, adrenaline auto-injectors, diabetes for example)
- Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met but they should provide specific advice, nor be the sole trainer.

Emergency Procedures

- Medical emergencies will be dealt with under the school's emergency procedures
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail
 - What constitutes an emergency
 - What to do in an emergency
 - Ensure all members of staff are aware of emergency symptoms and procedures
 - Other children in school should know to inform a teacher if they think help is needed

If a pupil needs to be taken to hospital, a member of staff will remain with the child until a parent arrives.

Unacceptable Practice

As outlined in the DfE statutory guidance.

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
- 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.

Complaints

Please refer to the school's complaint's policy.

Other Considerations

Defibrillators

The governing body will ensure the local NHS ambulance service has been notified of its location. We do this by signing up both of our defibrillators (there is one in the foyer of the sports hall and one just outside the school hall) to the Circuit <https://www.thecircuit.uk/> (The National Defibrillator Network). The details of the defibrillators, expiry dates, access arrangements and any other relevant details are held on the above system. This information is held by the Ambulance service. If it is ever accessed, we are notified so we can check the defibrillator is ready for use again.

Emergency Inhalers

Since 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

Schools are not required to hold an emergency inhaler – this is a discretionary power enabling schools to do this if they wish. The First Aid policy states the use of the emergency inhaler based on - [*Guidance on the use of emergency salbutamol in schools \(DoH, 2015\)*](#). The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the

emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The school has 1 x spare Salbutamol Reliever in Inhaler for emergency use. This is located in a clearly identifiable bag within the Health Centre in a labelled cupboard which remains unlocked at all times.

Emergency Adrenaline Auto-Injectors (AAI's)

Since 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows all schools in England to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis, but their own device is not available or not working. (e.g. broken, or out-of-date).

The spare AAI's should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for the use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI can't be administered correctly without delay.

The school has 2 x spare AAI's for emergency use. These are location in a clearly identifiable bag within the Health Centre in a labelled cupboard which remains unlocked at all times.

Relevant Documents

Supporting pupils with medical conditions – DfE – December 2015

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

Section 100 – Children and Families Act 2014

<http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

The Equality Act 2010

<https://www.gov.uk/guidance/equality-act-2010-guidance>

The SEND Code of Practice – 2015 (updated 2020)

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Health Conditions in Schools Alliance – this site has Individual Healthcare Plan information for specific conditions

<http://medicalconditionsatschool.org.uk/>

Annex 1: Parental Agreement for Dunottar School to Administer Medicine

Extract from Pupil Medical Form:

Permission to administer medication

I give permission for my child to receive medication from a qualified nurse or designated member of staff according to the School's Medical Needs Policy for the administration of drugs. This includes over the counter non-prescription medication, including the following: Paracetamol, Ibuprofen or antihistamines.

*** Consent**

I give my permission

Annex 2: Individual Health Care Plans

At Dunottar School we use the BSACI Allergy Action Plans for children at risk of anaphylaxis. Please see the link below.

<https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Sample copy of the Epilepsy care plan:

Individual health care plan:- Epilepsy

Name _____ Date of birth _____ Age _____

Diagnosed condition/s:

Known Allergies:

Special Dietary Requirements:

Routine medication:

Drug _____ Dose _____ Time _____

Drug _____ Dose _____ Time _____

Drug _____ Dose _____ Time _____

Drug _____ Dose _____ Time _____

Information on how to give medication _____

Possible triggers for a seizure:

Warning signs that seizures might be about to happen:

Description of typical seizure/s:

Seizures normally last _____ minutes.

Emergency medication should be given if the seizure has not stopped after _____ minutes,
or if:

You should call an ambulance/doctor if:

Please call: _____ if the following situation occurs

Name (child/young person):

Name(parent/guardian):

Signature

Date

Name of person completing this form:

Position in relation to child: |

Date this health care plan should be reviewed:

Additional Information/instructions:

This child has the following allergies:

Name: _____

DOB: _____

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms. ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector **without delay** (eg. Jext®) (Dose: _____ mg)

- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: _____



2) Name: _____



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed: _____

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give Jext®



1 Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



2 PLACE BLACK END against outer thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



4 REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand luggage or on the person, and **NOT** in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: _____

Hospital/Clinic: _____



Date: _____