



SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Approved by:	Standards Committee	Date: 04/03/2021
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Last reviewed on:	March 2021
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Next review by:	March 2022
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This policy is designed to meet the needs of all pupils, working through pre-formal, semi-formal and formal curricula. It is inclusive of students who function at early/preverbal levels of language and communication, through to those who express themselves verbally and in writing. The policy is designed to be child-centred and to make sure as far as is possible that pupils understand what is happening in their lives, why, and what options are available to them.

1. Introduction.

At Silverwood School we have a number of children with very specific medical needs. These include but are not limited to gastrostomy feeding, administration of regular medication, care of colostomies and catheters, administration of emergency medication and monitoring and oxygen / suction therapy.

This guidance should be read in conjunction with the DfE document *Supporting students at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England*, December 2015

2. Purpose.

The purpose of this policy is to ensure that arrangements are in place to support pupils with medical conditions. By doing so, we are ensuring that these pupils can access and enjoy the same opportunities at school as any other pupil.

3. Aims and Objectives.

- To enable children to attend school and, as far as they are able, to (a) understand and (b) manage their own medical needs
- To fully understand each individual pupil's medical condition
- To consider how a pupil's medical conditions may impact on their ability to learn
- To give parents and pupils confidence in our ability to provide effective support for medical conditions in school
- To ensure that pupils' medical needs are met in school as instructed by parents, CCN's and directed by the pupil's GP or consultant
- To support pupils and parent/carers in any offsite medical provision
- To obtain clear and precise instructions as to how these needs can be met in school
- To safeguard the pupil by ensuring staff training is in place and updated as necessary
- To protect the individual members of staff by giving clear instructions and guidelines about how procedures should take place
- To provide adequate staffing in classes at times when these procedures are being carried out so as not to interfere with the education of the rest of the class and not to make staff or the pupil feel rushed in any way
- To provide discrete and private places for the procedures to be carried out

4. New medical conditions

- When a pupil develops a new medical condition, or when a new pupil arrives at Silverwood School with medical conditions it is imperative that staff are fully trained before the pupil returns to/starts school.

- In the first instance the parents or community Nursing team will advise the school of new medical conditions for existing pupils, or of new pupils with medical conditions and will identify any training needs and arrangements required to support that pupil.
- It is the responsibility of the Class Teacher to ensure that Class teams are fully informed about pupils' medical conditions.
- Every effort will be made to ensure that arrangements are put in place within two weeks.
- Individual healthcare plans are developed by the Community Nursing Team and are reviewed annually. The CNT Team will provide training and confirm competency.
- This policy is available on the school website.

5. Management and responsibility.

Roles & Responsibilities

Collaborative Working

Supporting a child with a medical condition in school hours is not the sole responsibility of one person. Collaborative working between parents/carers, medical healthcare professionals and school is essential for this policy to be effective enabling all needs of pupils with medical conditions to be met effectively.

Headteacher

- The headteacher is responsible for ensuring all staff are aware of this policy and to understand their role in its implementation.
- The headteacher is responsible for ensuring all staff are aware of individual children's conditions and that staff are trained in order to implement the policy, together with dealing with emergency situations.
- The headteacher is also responsible for contacting the school nurse service when medical conditions require specific support at school.

Community Nursing Team

- Healthcare plans must be followed.
- Healthcare plans can only be changed by the CNT following advice from the pupil's Consultant.
- If a parent disagrees with an aspect of their child's Healthcare Plan they should raise their concerns with their child's Consultant.
- The school is unable to deviate from the Healthcare Plan at the request of Parents.
- Regarding the administration of non-emergency medication these will only be administered at school when it would be detrimental to a pupil's health not to do so
- Will liaise with parents over obtaining permissions and clear and specific instructions. This should be recorded on a school Administration of Medication Permission form. Prescription and non-prescription medicines should never be given without written parental consent.
- With regards to prescribed medicines, will only accept those that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- With regards to non-prescribed medicines, will only accept those that are in date with a prescription label, in the original packaging and with the original guidance for dose and administration.

The Class Teacher / Teaching Assistant / Medical co-ordinator

- will ensure that a sufficient supply of the medication is in school and communicate with parents when stocks are low
- will never exceed the maximum dose dictated by the GP or the manufacturers recommendations

- will sign medicines in and out of school, store them in the medicine cupboard in named containers and complete the medication book when medicines are administered with a witness to ensure accuracy
- will keep a record of medicines that have been administered on the appropriate form
- will take responsibility for emergency medicines whilst in school and on trips out
- will identify a suitably discreet location to administer medicines or carry out a healthcare procedure

Parents:

- are responsible for sending to school the correct in-date medication, in the original packaging, and for ensuring that sufficient supplies are in school
- should ensure that where clinically possible, medicines are prescribed in dose frequencies which enable them to be taken outside school hours (the school considers that 3 doses or less can be managed at home, and should not be sent to school)
- in all cases, although particularly in the case of antibiotics, will carefully consider if their child is well enough to be in school
- will complete the Administration of Medication Permission form and request a form to update the school if there are changes to be made

6. IHCPs provide clear information about:

- The medical condition, it's triggers, signs, symptoms and treatments
- The resulting needs of the pupil, e.g. access to toilet facilities, dietary requirements, access to facilities and equipment
- Specific support that may be required including how absences will be managed; access to tests and extra support
- The levels of support required, e.g. for the administration of medication
- Who will provide support and any training needs including cover arrangements in the event of absence
- Who requires access to information about the child's condition including confidentiality issues
- What to do in an emergency

7. Regarding the administration of emergency medications/healthcare procedures;

Clear instructions in the form of a Healthcare Plan and training given to staff will be provided by the CYP Team. Only trained members of staff should give emergency medications/procedures. Training will be organised by the Admin staff under direction of the Head teacher, who will also monitor that training is kept up to date.

Wherever possible, additional staff are trained so that the school can be as flexible as possible to cover the absence of staff trained to manage medical conditions. Supply staff are informed about a pupil's medical conditions

- **Anaphylaxis:** Epipens are to be kept in named containers in the pupil's class or in a bag with the child if away from the classroom. All staff in the class must know where they are kept. In the event of anaphylactic shock, one dose of the epipen should be administered by a member of staff, whilst another adult calls the emergency service by dialling 999 on any telephone in school or by the nearest available telephone or mobile phone if out of school. Parents will also be phoned at this time.
- **Epilepsy:** Pupils with this condition are treated by a range of emergency medication in school: Buccal Midazolam, Paraldehyde administered rectally. If any of these medicines are administered then this must be done in strict accordance with the healthcare plan.
- **Diabetes:** In the case of a diabetic emergency the healthcare plan should be followed.

- **Asthma:** Class staff are responsible for ensuring that inhalers are kept in an appropriate secure cupboard whilst the pupil is in school and for taking them out for activities off the school premises. Where possible, pupils should be encouraged to use the inhalers independently whilst supervised by classroom staff.
- **VNS:** Class teachers are responsible for ensuring that Healthcare Plans are followed when using VNS.
- **Gastrostomy Feeds:** Class teachers are responsible for ensuring that dietician plans are followed and that sufficient records are kept of feeds and liquids given. The children will be weighed monthly and passed on to the parents / dietician as requested.
- **Storage of Oxygen:** Oxygen cylinders are stored meeting the requirements of the Oxygen supplier's Risk Assessment. The oxygen supplier is responsible for carrying out 6 monthly risk assessments to ensure that the school is storing and transporting oxygen safely.

8. Emergency Services.

- When the paramedic or ambulance crew arrive they take over full medical responsibility for the pupil. A member of staff should stay with the child until the parent arrives, including accompanying a child who is taken to hospital by ambulance if parents have not yet arrived. That member of staff should take relevant information about the pupil. The accompanying member of staff should remain at the hospital until the parent/carer arrives.
- Office staff must be informed when emergency services are called. Office staff will then notify a member of the Senior Leadership Team.
- It should be noted that we rely on the goodwill of teachers to carry out these procedures and they are not part of their contractual duties. They are, however, contractual for teaching assistants. Individual members of staff may seek advice and guidance from their unions.

9. Management of medicines for pupils attending respite care

- It is not the responsibility of Silverwood School to manage the handing over of medicines for those pupils attending respite care. Medication should be handed to the PA and not placed in their overnight bag.
- Parents are responsible for ensuring that they arrange for adequate medication to cover the duration of their child's stay in respite.
- PA's are responsible for signing the respite medication into/out of the medical cupboard.

10. Unacceptable Practice

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:

1. Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
2. 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

3. Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch, unless this is specified in their individual healthcare plans
4. If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
5. Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
6. Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to, in order to manage their medical condition effectively
7. Prevent children from participating or create unnecessary barriers to children participating in any aspect of school unless a risk assessment deems it may be unsafe. In that case the school will consider what reasonable adjustments can be made to allow the child to participate "fully and safely". This will be carried out in consultation with the pupil, his/her parents and relevant healthcare professionals, so that planning arrangements take account of any steps needed to ensure that the pupil is included.

11. Complaints

- Should parents or pupils be dissatisfied with the support provided they should discuss the concerns they have directly with the school.
- If this does not resolve the issue they should make a formal complaint via the school's complaints procedure.

12. Liability and Indemnity

Silverwood School buys into the county policy through Right Choice this covers staff insurance.

RELATED POLICIES

- SEN Policy and Local Offer
- Behaviour Policy and Anti-Bullying Policy
- Safeguarding
- Pupil Attendance Policy
- First Aid + Administration of medication
- Health & Safety Policy

Procedure to be followed when notification is received that a pupil has a medical condition

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

Headteacher or senior member of school staff whom this has been delegated, 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 on need for IHCP 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 IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided

School staff training needs to be identified

Healthcare professional commissions/delivers training and staff signed off as competent – review date agreed

IHCP implemented and circulated to all relevant staff

IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate