



Ralph Sadleir School

Supporting pupils at school with medical conditions

Ralph Sadleir School

Approved by: Julia Tye

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Introduction

Ralph Sadleir School is committed to providing a secure environment for pupils, where children feel safe and are kept safe. All adults at Ralph Sadleir School recognise that safeguarding is everyone's responsibility irrespective of the role they undertake or whether their role has direct contact or responsibility for children or not.

In adhering to this policy, and the procedures therein, staff and visitors will contribute to the schools delivery of the outcomes to all children, as set out in s10 (2) of the Children Act 2004. Supporting Pupils with Medical Conditions Safeguarding Policy, is one element within our overall school arrangements to Safeguard and Promote the Welfare of all Children in line with our statutory duties set out at s175 of the Education Act 2002 (s157 of the Education Act 2002 – for Independent Schools and Academies).

Our school's Supporting Pupils with Medical Conditions Policy draws upon the DfE Guidance "Supporting pupils with medical conditions", April 2014.

This policy sets out the steps that the school will take to ensure full access to learning and school life for all its children that require medication. It is designed to support managing medication and medical care in school, and to put in place effective management systems to support individual pupils with medical needs.

Legislation

- Section 100 of the Children and Families Act 2014
- Equality Act 2010

Section 100 of the Children and Families Act 2014 comes into force on 1st September 2014. It places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

Statutory Guidance:

- Supporting pupils at school with medical conditions.
- SEN Code of Practice

Audience

- This policy document is for the school staff, agency staff, and volunteers and for parents/carers.
- It is available on the school website, and on the internal staff drive for all staff.

Aim

- Ensure that all children with medical conditions, in terms of both 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.
- Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
- However, in line with their safeguarding duties the school will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. The school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- Some children with medical conditions may be disabled. Where this is the case the school will comply with their duties under the Equality Act 2010 as their special educational provision.



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- **The designated senior member of staff in charge for implementing this policy is**
- Name: Mrs V Wilson

- **Procedure - when notification is received that a pupil has a medical condition**

- For new children, arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to the school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks. It is not necessarily for the school to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents.
- **The senior member of staff responsible for the development of Individual healthcare plans and in supporting pupils at school with medical conditions is Mrs V Wilson.**
- **Individual healthcare plans** provide clarity about what needs to be done, when and by whom. However, not all children will require one. The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher is best placed to take a final view.
- *A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at annex A.*
- Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their individual healthcare plan.
- Individual healthcare plans, (and their review), may be initiated and drawn up in partnership between the school, parents, and a relevant healthcare professional. They will be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Pupils will also be involved whenever appropriate
- Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with Ralph Sadleir School
- The school governing body will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

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

When deciding what information should be recorded on individual healthcare plans, Ralph Sadleir School will 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;



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- 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 head teacher 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.

Governing body's responsibilities:

- Ensure that the policy for supporting pupils with medical conditions is developed and effectively implemented.
- Ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- 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.

The head teacher's responsibilities:

- Ensure that all staff are aware of this policy for supporting pupils with medical conditions and understand their role in its implementation.
- 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.
- Ensure that all staff who need to know are aware of the child's condition.
- Responsible for the development of individual healthcare plans.
- Ensure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

School staff responsibilities:

- 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.
- Staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- Any member of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

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.

Staff will not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).

If the child becomes ill, school staff will not send them to the school office or medical room unaccompanied or with someone unsuitable.

Staff will not prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;



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Pupils

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures will be provided with an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Parents are expected to provide the school with sufficient and up-to-date information about their child's medical needs. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting.

Managing medicines on school premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child under 16 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

Parents need to give consent for non-prescription medications to be given. Medication will always be delivered by a member of the schools admin team, who are first aid trained.

- A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed
- Where clinically possible, medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a 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 to schools inside an insulin pen or a pump, rather than in its original container
- All medicines will be stored safely.
- Children will be informed, where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. If the pupils are off-site, for example on a school trip, medicines will be carried with a named adult. A separate risk assessment will be completed before the trip takes place.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so. The school otherwise will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs will be easily accessible in an emergency.
- A record will be kept of any doses used and the amount of the controlled drug held in school, this is updated by the admin team in a medical record book.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.

- Schools will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school will be noted
- When no longer required, medicines will be returned to the parent to arrange for safe disposal.



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- Sharps boxes will always be used for the disposal of needles and other sharps

Record keeping

Ralph Sadleir School's governing body will ensure that written records are kept of all medicines administered to children.

Emergency procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

Pupils in the school will be made aware of knowing what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

School will ensure that the correct details of the location are provided to the appropriate emergency service.

School will ensure that a member of staff will be available at the gate of the school to direct the service to the location of the emergency. We will ensure that the gate is open prior to the arrival of the emergency service.

Day trips, residential visits and sporting activities

Ralph Sadleir School's governing body will ensure that arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

School will take into account of how a child's medical condition will impact on their participation, ensuring that there is enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Arrangements will be made 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 or desirable.

A risk assessment will be carried 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.

Home to school transport (This is the responsibility of the local authority)

Information of the health care plan will be made available to the transport personnel in reference to dealing with an emergency situation where it is appropriate.

Defibrillators

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. The school will notify the local NHS ambulance service of its location. Staff members appointed as first aiders will be trained in the use of CPR.

Liability and indemnity

The Governing body will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The policy covers the liability relating to the administration of medication but individual cover may be required to be arranged for specific health care procedures. If staff require specific training then this will be made clear in the policy and complied with.



Complaints

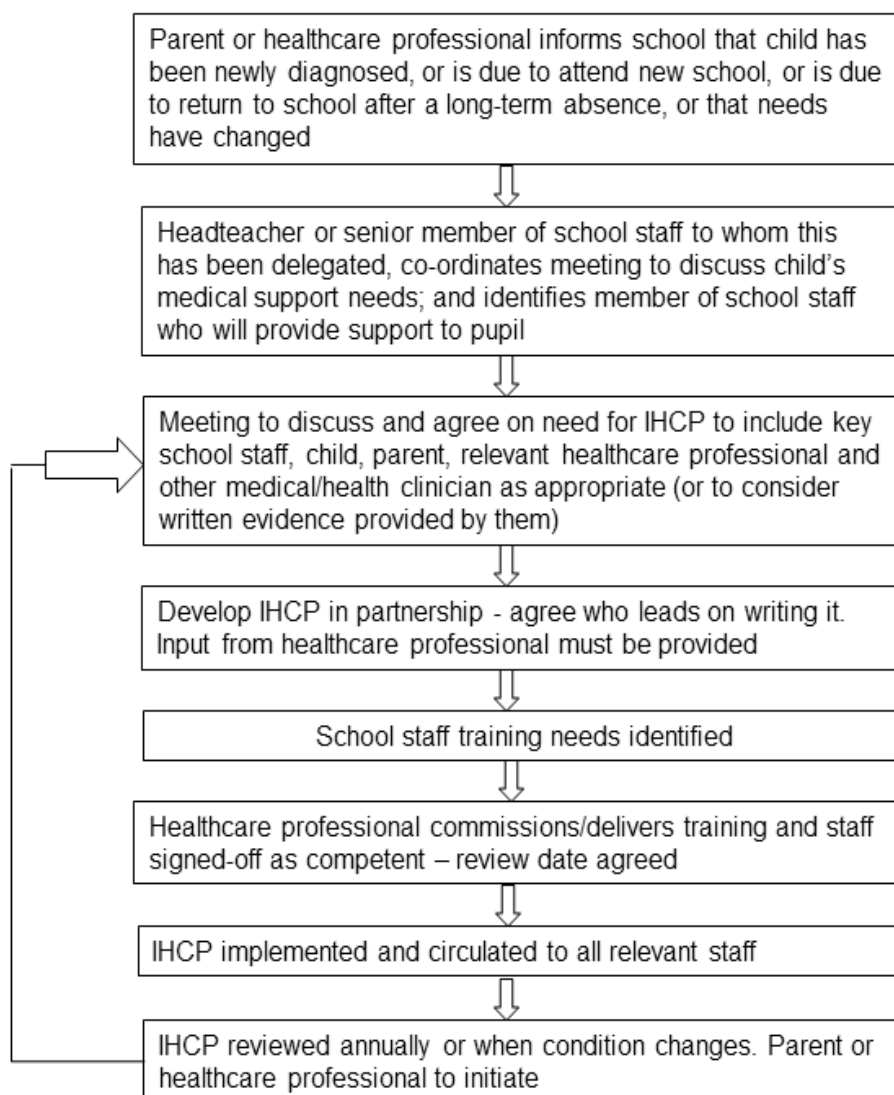
The Governing body will set out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions, usually by following the schools established complaints procedures. Our school will be alert to any complaint which may suggest that the matter should be dealt with under allegations procedures with the Local Authority and LADO and not the schools internal complaint procedures.

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

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement (*The contractual relationship between academies and the Department for Education*), or failed to comply with any other legal obligation placed on it. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Annex A: Model process for developing individual healthcare plan





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Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc



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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities?*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other
instructions

Are there any side effects that the
school/setting needs to know about?

Self-administration – y/n

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

[agreed member of staff]

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

Signature(s)

Date



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Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
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 _____

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

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



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C: Record of medicine administered to an individual child (Continued)

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			



Template D: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____



Template E: 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. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
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 and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone