

Poynton High School
Poynton High School Supporting Students with medical conditions policy



Approved Date:	March 2023	Review Date:	Spring 2024
Approval Level:	Governing Body	Owner:	S Warburton

The named person with responsibility for implementing this policy is Sue Warburton.

1. Aims

This policy aims to ensure that:

Students, staff and parents understand how our school will support Students with medical conditions

Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities The governing board will implement this policy by:

Making sure sufficient staff are suitably trained

Making staff aware of Students' conditions, where appropriate

Making sure there are cover arrangements to ensure someone is always available to support Students with medical conditions

Providing supply teachers with appropriate information about the policy and relevant Students

Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Sue Warburton.

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting Students at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting Students with medical conditions at school.

3. Roles and responsibilities 3.1 The governing board The governing board has ultimate responsibility to make arrangements to support Students with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are

competent before they are responsible for supporting children with medical conditions. 3.2 The headteacher The headteacher will:

Make sure all staff are aware of this policy and understand their role in its implementation

Ensure that there is a sufficient number of trained staff available to implement this policy and that staff are aware of all individual healthcare plans (IHPs), including in contingency and emergency situations

Ensure that all staff who need to know are aware of a child's condition

Take overall responsibility for the development of IHPs

Make sure that school staff are appropriately insured and aware that they are insured to support Students in this way

Liaise with the school nursing service in the case of any Student who has a medical condition that may require additional support at school.

Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date 3.3 Staff Supporting Students with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to Students with medical conditions, although they will not be required to do so. Designated First Aid staff are able to dispense medication supplied by parents at the request of a Doctor Those staff who take on the responsibility to support Students with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. Teachers will take into account the needs of Students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a Student with a medical condition needs help. 3.4 Parents will:

Provide the school with sufficient and up-to-date information about their child's medical needs

Be involved in the development and review of their child's IHP and may be involved in its drafting

Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times 3.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs. 3.6 School nurses and other healthcare professionals Our school nursing service and or previous school and any other professional may notify the school when a Student has been identified as having a medical condition that will require support in school. This will be before the Student starts school, wherever possible. They may also support staff to implement a child's IHP. This could also include hospital staff and specialist nurses or doctors.

Healthcare professionals, such as GPs and paediatricians, may liaise with the school's First Aid and Welfare team and or School Nursing Team and notify them of any Students identified as having a medical condition. They may also provide input to developing IHPs.

4. Equal opportunities

Our school is clear about the need to actively support Students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these Students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that Students with medical conditions are included. In doing so, Students, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition When the school is notified that a Student has a medical condition, they will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for Students who are new to our school.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for Students with medical conditions. This has been delegated to Welfare Leaders.

Plans will be reviewed at least annually, or earlier if there is evidence that the Student's needs have changed.

Plans will be developed with the Student's best interests in mind and will set out:

What needs to be done

When

By whom

Not all Students with a medical condition will require an IHP. It may be discussed with a healthcare professional and the parent/ carer when an IHP would be needed and helpful.

Plans will be drawn up in partnership with the school and relevant appropriate others. For example, parents ,healthcare professional, school nurse, specialist or paediatrician, who can give advice on the Student's specific treatment and care. The Student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a Student has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP wherever appropriate to do so.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

This will include:

- The name of the medical condition with relevant details of symptoms
- Record of the students resulting needs
- Specific notes regarding the students physical, emotional, social needs will be included.
- Day to Day and Emergency contact both family and medical
- Level of support required
- Who will provide this support – level of staffing needed
- Training required and proficiency monitoring process

- Appropriate communication to staff of the situation and maintenance of personal information security
- Administration of medicines in school.
- The name and role of the individual with responsibility for developing IHPs, and their appropriate use, Training and staffing.

The level of detail required in the plan will be completed by the medical supervisor or the relevant First Aid representative and will include the following details recorded in the pre-agreed sections of the IHP template:

The medical condition, its triggers, signs, symptoms and treatments

The Student'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 Student'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, including in emergencies. If a Student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring

Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the Student'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 Student's condition and the support required

Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the Student 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 Student can participate, e.g. risk assessments

Where confidentiality issues are raised by the parent/Student, the designated individuals to be entrusted with information about the Student's condition

What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines 7.1 Students managing their own needs

Students in the 6th Form, who are competent and willing, will be encouraged to take responsibility for managing their own medicines and day to day health where this is safe and appropriate. This will be discussed with parents and it will be reflected in their IHPs. No controlled drugs to be kept on the person. These must always be stored in the First Aid medicine room. Some conditions demand that the student carry their own medicine for example, EPI Pens, Inhalers and Insulin pumps, we will enable students to do so unless they are not well enough or unable to do this for themselves. If a medication, procedure or treatment is required and refused, parents to be notified immediately. 7.2 some additional points to consider:

Students must be allowed to easily receive their medication when and where necessary

Some Student with the same condition requires different treatment

The views of parents and the students are very important

wherever possible the student's condition should not prevent them from being in school and enjoying normal activities.

Always accompany a sick student with a Medical Condition to the First Aid room.

Students may need to eat and drink and use the toilet at different times of the day to others.

Students must not use school toilets to administer self-care or medication. A safe private environment is essential.

8. Emergency procedures Staff will follow the school's normal emergency procedures (for example, calling 999). All Students' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a Student needs to be taken to hospital, staff will stay with the Student until the parent arrives, or accompany the Student to hospital by ambulance.

9. Training

Staff who are responsible for supporting Students with medical needs will receive suitable and sufficient training to do so.

The training will be identified by the medical needs supervisor and will utilize other relevant professionals involved in developing IHP's where available. Staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping Record keeping will include: Records of medication given, time, date and signatories (2) IHPs are kept in a readily accessible place which all staff are aware of.

Termly check letters sent for parents of students who have Epi Pens Day to day recording of First Aid required Immediate record of accidents and significant events within the accident system. All trips and external visits to follow the same process via the evolve system.

11. Liability and indemnity Poynton High school as an academy within the TTLP a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints Parents with a complaint about their child in any aspect of their care should first contact their child's Pastoral leader. if the issue is not resolved parents are directed to school complaints procedure

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

Accessibility plan

Complaints

Equality information and objectives

Health and safety

Safeguarding

SEND

Appendix 1

Managing Medicines in School

(The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child.) The school will seek parents' written agreement about sharing information about their child's needs, where information needs to be shared outside the school.

However, in cases of confidentiality, the Health & Safety of the child must take precedence. The aim of the Policy is to enable regular attendance at school.

Sections

1. Managing medicines during the school day
2. Managing medicines on trips and outings
3. Roles and responsibilities of staff supervising the administration of Medicines
4. Children's medical needs Parental responsibilities
5. Parents' written agreement
6. School policy supporting children with complex or long term health needs
7. Policy on children taking and carrying their own medicines
8. Advice and Guidance to staff
9. Record keeping
10. Storing medicines
11. Emergency procedures

1. Managing Medicines During the School Day

Prescription medicines should only be taken during the school day when essential. They must be in the original container including prescriber's instructions. Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or
- Provide two prescriptions one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long term.

Medicines fall into two types:

a) Prescription medicines and b) Non-prescription medicines

Only named member of staff may administer such a drug for whom it has been prescribed, according to the instructions on the box. The staff who are able to administer are:

- o Sue Warburton
- o Hilary Booth
- o Alistair Hunter

o Alison Riley

o Madi White

o Lois Hollingsworth

- If agreed with the parents the school may look after the drug on behalf of the child
- The school will keep the drug safely locked up with access only by named staff and record keeping for audit and safety
- Parents are responsible for ensuring any medication in school is within its use by date.
- Prescription drugs should be returned to the parents when no longer required
- Controlled drugs (drugs used to help students with ADHD) need to be kept in a more secure environment than suggested above e.g. in a cupboard attached to a structural wall.
www.nhs.uk/common-health-questions/medicines/what-is-a-controlled-medicine-drug/

b) Non-prescription

- Paracetamol can only be given to children when parents have given written permission. The school staff will never give aspirin or ibuprofen unless prescribed by a Doctor and presented in the chemists box with a label attached.
- Good practice would be for school admission forms to include permission for the administration of non-prescription medicines (eg paracetamol)
- Controlled drugs such as ADHD medication and some Epilepsy drugs MUST always be stored in the drug cupboard, locked and unmovable.
- Some medicine may need to be stored in the drug cupboard fridge. All unopened vials of Insulin must be stored in the fridge but once opened they must be kept on the Student.

2.Managing medicines on trips and outings

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made and best practice indicates this should happen 2 weeks before the trip.

All staff will be briefed about any emergency procedures needed with reference to students where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

Additional medicine administration forms will be taken on trips and outings in case of emergency.

3.Roles and responsibilities of staff managing or supervising the administration of medicines

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and acting in an emergency, according to the care plan.

Where a condition is potentially life threatening, all staff will need to be aware what action to take. When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

Teachers and other staff are expected to use their best endeavor at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Head Teacher or medical supervisor is responsible for day to day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about student needs are shared

- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should be aware of emergency plans where children have life threatening conditions

4.Children's medical needs – parental responsibilities

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information. The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals. The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency, the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements. They should sign the appropriate agreement forms for the administration of medicines.

5.Parents' written agreement

The written form is to be completed and signed by the parents for the administration of the care plan and medicines to their child. It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All unused medicines should be collected by parents at the end of term 2, 4 and 6 and will not be sent with the student. If new supplies are needed it is the responsibility of the parents to supply medication as required. Any medication not collected by parents will be disposed of via the local pharmacy

6. Record keeping

1. All attendance at at First Aid Room
2. Risk assessment forms
3. Parental agreement for the administration of medicines
4. Head Teacher agreement to administer medicines
5. Record of medicine administered
6. Record of advice and support to school
8. Buccal Midazolam, Insulin or emergency Ventolin: agreed individual care plan

These forms can be amended to fit individual circumstances with the advice of relevant nursing staff and therapy colleagues.

NB All risk assessments and care plans must be updated at least annually or when needed by a change in a student's condition

10. Storing medicines

The school will keep medicines in a locked secure place, (not applicable to emergency drugs) with access only by named staff. Where refrigeration is needed, there is a designated domestic fridge purely for use of medicines storage

11. Emergency procedures

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties. All relevant staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.