



# WAVERLEY EDUCATION FOUNDATION

## Medicine and Medical Conditions Policy

JULY 2019

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common-law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our website.

### **Policy Implementation**

All schools are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful implementation of this Policy is given to the Director of Safeguarding. The Director of Safeguarding is also responsible for ensuring that sufficient staff are suitably trained and ensures cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

The Cover co-ordinator will be responsible for briefing supply teachers.

Staff leading school visits will be responsible for risk assessments and other school activities outside of the normal timetable. The school nurse will be responsible for monitoring individual healthcare plans. All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in school activities because they are following a course of medication or have an injury.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

### **The Role of Staff at Waverley Education Foundation**

Some children with medical conditions may be disabled. Where this is the case the governing body must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement, or Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and the Waverley Education Foundation SEND Policy and Local Offer Information Report.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such pupils can access and enjoy the same opportunities at school as any other child. The school, health professionals, Parents/Carers and other support services will work together to ensure that pupils with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At Waverley Education Foundation, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, who we have regular access to and the school nurse will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff at Waverley Education Foundation are aware of the most common serious medical conditions within their school, how to respond to them and what to do in an emergency.

### **Admissions**

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

### **Notification Procedure**

- When the school is notified that a pupil has a medical condition that requires support in school, the school nurse informs the Director of Safeguarding. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an Individual Healthcare Plan.
- The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Director of Safeguarding based on all available evidence (including medical evidence and consultation with parents/carers).
- For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.
- Where a pupil joins the school mid-term, or a new diagnosis is received, arrangements are put in place within two weeks.

### **Staff training and support**

- Any staff member providing support to a pupil with medical conditions receives suitable training.
- Staff do not undertake healthcare procedures or administer medication without appropriate training.
- Training needs are assessed by the school nurse and Director of Safeguarding through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives.
- Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- The school nurse confirms the proficiency of staff in performing medical procedures or providing medication.
- A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.
- Whole-school awareness training is carried out on annual basis for all staff and is included in the induction of new staff members.
- The school nurse identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.
- Training is commissioned by the school nurse and Director of Safeguarding and provided by the following bodies:
  - Commercial training provider
  - The school nurse
  - NHS staff
  - Parents/carers of pupils with medical conditions

- Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

### **Self-management**

- Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- Where possible, pupils are allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily; these will be stored in the cupboard in the Medical Room to ensure that the safeguarding of other children is not compromised. The school does also recognise that children who can take medication themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.
- Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken in accordance with our Drugs and Alcohol Policy.

### **The Medical Register and Individual Health Care Plans (IHPs)**

The medical register is regularly updated and is available to all staff on the staff shared area. The register will be updated under the instruction of the SENCO and Director of Safeguarding.

Individual Health Care Plans will be written and reviewed by but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The IHPs will be filed in the school's medical room for easy access to staff, school nurse and first aiders. School staff will be responsible for the children's development and ensuring that they and their medical conditions are supported at school.

The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Director of Safeguarding makes the final decision.

The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

IHPs include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.

- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues.
- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers and the headteacher for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHC plan, the IHP is linked to it or becomes part of it.

Where a child has SEND but does not have a statement or EHC plan, their SEND should be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, we work with the LA and education provider to ensure that their IHP identifies the support the child needs to reintegrate.

### **Managing medicines:**

- Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

- Pupils under 16 years of age are not given prescription or non-prescription medicines without their parent/carer's written.
- No pupil under 16 years of age is given medicine containing aspirin unless prescribed by a doctor.
- No medication should ever be administered without first checking with the parent/carer when the previous dose was taken, and the maximum dosage allowed.
- Parents/carers are informed any time medication is administered that is not agreed in an IHP.
- The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.
- All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility which in normal circumstances is the school nurse.
- When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- The school holds asthma inhalers for emergency use. The inhalers are stored in the medical room and their use is recorded.
- Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

### **Day Trip, Residential Visits and Sporting Activities**

- The school 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.
- Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.
- The school will make arrangements 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.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care 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
- To assume that every child with the same condition requires the same treatment

- To ignore the views of the child or their Parents/Carers; or ignore medical evidence or opinion, (although this may be challenged)
- To 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
- To, if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- To penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- To prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- To require Parents/Carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child including with toileting issues. No Parent/Carer should have to give up working because the school is failing to support their child's medical needs; or
- To 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/Carers to accompany the child.

### **Complaints**

Should Parents/Carers 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 complaints procedure outlined in the school's Concerns and Complaints Policy.

## **Waverley Medicine and Medical Conditions policy**

**Ratified by the Board of Waverley Education Foundation: July 2019**

**Signed: \_\_\_\_\_**  
**Executive Principal**

**Signed: \_\_\_\_\_**  
**Chair of Waverley Education Foundation**