

**Rise Park Academy Trust**

**SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS – POLICY AND PROCEDURE**

**Head teacher:** Mrs C Fox

**Responsible Governors**  Mrs D’Ath and Mr J Franklin

**SENCO’S:** Mrs M Williams and Miss R.McClean

 **Reviewed Date:** March 2019

**Legislative background**

At Rise Park Academy we recognise and will meet our duties and responsibilities in relation to supporting pupils at school with medical conditions. These duties and responsibilities are contained in the legislation and statutory guidance listed below.

* Department for Education’s statutory guidance – ‘Supporting pupils at school with medical conditions’ April 2014 (updated June 2014) – governing bodies, proprietors and management committees must have regard to this guidance in order to meet the duty / responsibilities of the Children and Families Act 2014.
* Children and Families Act 2014 (Section 100) – places a duty upon 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.
* Equality Act 2010 – some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010.
* Special Educational Needs and Disability (SEND) Code of Practice July 2014 – some children with medical conditions may also have special educational needs (SEN) and may have a Statement or Education, Health and Care (EHC) Plan. For children with SEN this policy / procedure statement should be read in conjunction with school SEN policies and the SEND Code of Practice.
* Human Medicines (Amendment No. 2) Regulations 2014 – allows schools to hold stocks of asthma inhalers containing salbutamol for use in an emergency. These regulations come into effect on 1 October 2014.

**Introduction**

At Rise Park Academy, children with medical conditions, in terms of both physical and mental health, will be appropriately supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Children with medical conditions will be encouraged and supported to access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care whilst at school to help them to manage their condition and keep them well. Others may require monitoring or interventions in emergency circumstances. Rise Park Academy recognise that each child’s needs are individual.

We also recognise that needs may change over time, and that this may lead to extended absence from school. The school will make every effort to minimise the impact upon a child’s educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will strive to give the pupils and their parent’s confidence in the school’s approach.

The schools recognise that some children who require support with their medical conditions may also have special educational needs and may have a Statement or Education, Health and Care (EHC) Plan – also introduced by the Children and Families Act 2014. We will work together with other schools, health professionals, other support services and the Local Authority. Sometimes it will be necessary for the schools to work flexibly, for example, by means of a combination of attendance at school and alternative provision / personalised learning.

**Policy arrangements**

* The SENCO’s will ensure that sufficient staff are suitably trained.
* All relevant staff including supply and other temporary staff will be made aware of the child’s condition.
* Cover arrangements will be put into place to cover for staff absence to ensure appropriate provision is always available.
* Risk assessments will be put into place for educational visits, and other school activities outside the normal timetable, and
* Individual Healthcare Plans (IHPs) will be monitored and involve appropriate healthcare professionals.

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

The school, in consultation with all relevant stakeholders including parents, will:

* Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school; with a medical condition. These may vary from child to child, according to the existing IHP.
* Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
* Put arrangements in place in time for the start of the new school term.
* In other cases, such as a new diagnosis or children moving to a new school mid-term, make every effort to ensure appropriate arrangements are in place within two weeks if possible (this may take longer in complex cases)
* Provide support to pupils where it is judged by professionals that there is likely to be a medical condition.
* Ensure that any staff training needs are identified and met.

**Individual Healthcare Plans (IHP)**

The SENCo’s will normally be responsible for developing IHPs – in liaison with, and with appropriate oversight of, a relevant healthcare professional (e.g. school nurse / nurse specialist – diabetes / epilepsy / paediatrician, etc.). The purpose of an IHP is to ensure that there is clarity about what needs to be done, when and by whom. An IHP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex and require specific management. However, not all children require an IHP. The school, healthcare professionals and parents will agree, based upon evidence, when an IHP would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher will take a final view. Input from a healthcare professional must be provided.

The IHP is confidential to parents / young person and to those school staff who need to know. The level of detail within an IHP will depend upon the complexity of the child’s condition and the degree of support needed. Where a child has a special educational need, but does not have a Statement or EHC Plan, their special educational needs will be referred to in their IHP.

IHPs, and their review, may be initiated, in consultation with the parent, by the SENCo’s or a healthcare professional providing care for the child. IHPs will be drawn up in partnership between the school, parents and a relevant healthcare professional, e.g. Specialist or Community / School Nurse / other health professional. Wherever possible, the child should also be involved in the process. The aim is to capture what needs to be done to help staff and the child manage their condition and overcome any potential barriers to getting the most from their education. The responsibility for ensuring the plan is finalised rests with the school.

IHPs will be reviewed at least annually of more frequently if evidence is presented that the child’s needs have changed. IHPs are devised with the child’s best interests in mind, ensuring that an assessment of risk to the child’s education, health and social well-being is managed minimising disruption. Reviews will be linked to any EHC Plan / Statement, as appropriate.

**Information to be recorded**

When deciding on the information to be recorded on IHPs, the following will be considered:

* 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 needed to manage their condition, dietary requirements and environmental issues.
* Specific support for the pupil’s educational, social and emotional needs. E.g. 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 child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
* Who will provide the 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.
* Arrangement for written permission from parents and the SENCO’s 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 the normal school timetable that will ensure that the child can participate, e.g. appropriate risk assessments.
* Where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child’s condition.
* ‘What to do in an emergency’, including whom to contact and contingency arrangements.
* Informing / sharing appropriate IHP information with other relevant bodies (e.g. Home to School Transport) – through appropriate agreement / consent.

**Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

**The Governing Body and Board of Directors will ensure that:**

* Pupils in school with medical conditions are supported.
* This policy is reviewed at least annually, developed, implemented and monitored.
* Staff receive suitable training and that they are competent before they take on the responsibility to support children with medical conditions.
* There are quality assurance systems in place to ensure that pupils in school with medical conditions are supported (e.g. case monitoring / assurance audits).

**The SENCO’s**

The SENCO’s have overall responsibility for the development of IHPs. The SENCO’s will ensure that:

* The *Supporting Pupils at School with Medical Conditions Policy / Procedure* is developed and effectively implemented with partners, including ensuring that all staff are aware of the policy and that they understand their role in implementing the policy.
* The SENCO’s will ensure that all staff who need to know are aware of a child’s medical condition.
* Sufficiently trained staff are available to implement the policy and deliver against all the IHP’s, including in contingency and emergency situations.
* Ensure that all staff are appropriately insured to support pupils in this way.
* Liaise with the school nurse in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

**School Staff**

Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

**Pupils**

Pupils with medical conditions may be best placed to provide information about how their condition affects them. They will be involved in discussions about their medical support needs and contribute as much as possible to the development of, and review of, their IHP. Other children will often be sensitive to the needs of those with medical conditions and this will be considered as part of wider planning.

**Parents / Carers**

Parents / carers should provide the school with sufficient up-to-date information about their child’s medical needs. At Rise Park Academy, parents / carers are key partners and they will be involved in the development and review of their child’s IHP, including its drafting. Parents / carers should carry out the action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

**Local Authority**

Rise Park Academy will communicate / liaise with the Local Authority as appropriate / required by the child’s medical needs / condition.

The Local Authority will provide support, advice and guidance, as appropriate.

**Providers of Health Services**

Rise Academy will communicate / liaise with providers of health services as appropriate / required by a child’s medical needs. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

**Clinical Commissioning Groups (CCGs)**

Rise Park Academy will communicate / liaise with CCG colleagues as appropriate / required by a child’s medical needs. CCGs commission other healthcare professionals such as specialist nurses. They ensure that commissioning is responsive to children’s needs, and that health services are able to co-operate with schools supporting children with medical conditions.

**Staff training and support**

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide specific support to pupils with medical conditions will be included in meetings where this is discussed. All staff training in relation to medical conditions will be recorded / signed off in terms of competency.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nursing service, or specialist nursing services, among others. In some cases, a specific health care professional will be required to provide appropriate training. Training may involve on-site of off-site provision. Parents / carers and appropriate healthcare professionals will be asked to supply specific advice in relation to possible training requirements.

Staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident to deliver the support. It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions. The *Supporting Pupils at School with Medical Conditions Policy / Procedure* will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

**The child’s role in managing their own medical needs**

At Rise Academy, the children who require medication or other procedures will be supervised in administering them or receiving them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will follow the procedure agreed in the IHP. Parents / carers and relevant healthcare professionals will be informed so that alternative options can be considered.

**Managing medicines on school premises**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:

* 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 will be given prescription or non-prescription medicines without their parents written consent (See Form 3a)
* Non-prescription medicines will be administered / managed by parents, as far as is reasonably practicable, should they be needed during the school day. For the administering of non-prescription medicines during an educational visit, parents should provide written consent.
* No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.
* The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will general be available to schools inside an insulin pen or pump, rather than its original container.
* Medicines will be stored safely. The Nursery and Reception bases will store medication in their offices in a secure cupboard, or in high secure classroom cupboards in K.S.1.In K.S.2 medication is stored in the office or fridge if required, inhalers are stored in classrooms. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.
* If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted.
* When no longer required, medicines will be returned to the parent to arrange for safe disposal.
* Written records will be kept of all medicines administered to children and parents / carers will be informed if their child has been unwell at school.

**Emergency procedures**

A child’s IHP will clearly define what constitutes an ‘emergency’ and the action to be take, including ensuring that all relevant staff are aware of emergency symptoms and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

If a child is taken to hospital, staff will stay with the child until the parents / carers arrive, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage or subsequent moving on to hospital.

**Educational visits and sporting activities**

The school will consider how a child’s medical condition will impact upon their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments and risk assessments are required so that planning arrangements take into account all steps needed to ensure that children with medical conditions are included. This will require consultation with the parents / carers, pupils and advice from relevant healthcare professionals to ensure that pupils can participate safely.

**Unacceptable practice**

Although school staff will use their discretion and judge each case on its merits with reference to the child’s IHP, 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 pupils with medical conditions home or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP. 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 (as identified in their IHP).
* Require parents / carers, 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 educational visits, e.g. by requiring parents to accompany the child.

**Liability and indemnity**

The Directors of Rise Park Academy Trust ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school will need to review the level of cover for healthcare procedures and any associated related training requirements (such as may be the case with specific children with complex needs).

**Complaints**

Parents / carers who are dissatisfied with the support provided should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they can make a formal complaint via the school’s complaints procedure.

**Other issues for consideration**

The school has a number of trained First Aiders amongst the staff.

**The school has separate guidance for Asthma which is covered in Appendix B at the end of this policy.**

This policy was written: July 2018

This policy was reviewed: March 2019

Signed by Director: ………………………………………………………..

Date: …………………………………………………………

**Appendix A**

**Process for developing IHPs**

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.

Head Teacher or senior member of school staff to 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 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.

**Appendix B – Managing use of inhalers in school**.

Asthma is the most common long- term medical condition in children. It cannot be cured, but with appropriate management quality of life can be improved.

Having asthma has implications for a child’s schooling and learning. It impacts on care given within schools and early year’s settings. Appropriate asthma care is necessary for the child’s immediate safety, long- term care well -being and optimal academic performance. It is likely that our younger children, children with learning difficulties and those newly diagnosed are likely to need support and assistance during the school day, to help them manage their asthma in the absence of their parents.

**Record Keeping**

It is the parent/ guardian’s responsibility to inform school on admission of their child’s medical condition and needs. It is important that school are informed by parents of any changes.

The school will keep an accurate record of each occasion a child is given or supervised taking their inhaler. Details of the supervising staff member, student, dose, date and time are recorded. Parents will be informed if a child uses their inhaler in excess of their normal requirements.

This school keeps an asthma register so we can identify and safeguard students with asthma; this is held in the school office, junior medical room and by the Inclusion manager.

All students will have an asthma plan in school (provided by the GP).

This school does not hold an emergency inhaler.

**Parental Responsibility**

* Informing the school if their child has asthma
* Ensure the school has a complete and up to date asthma plan for their child
* Inform the school of any changes to their condition
* Ensure medication is labelled with their full name, date of birth and in original pharmacy packaging
* Ensure their child’s medication is within their expiry dates
* Ensure their child has regular reviews with their doctor or specialist healthcare professional (usually every 3 months)
* It is the parent’s responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

**Teachers Responsibilities**

* Read and understand this information
* Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency
* Know which children have asthma and be familiar with the contents of their individual plan
* Allow all children to have access immediate access to their medication
* Maintain effective communication with parents including informing them if their child has been unwell at school
* Ensure medication is taken on all educational visits off the school premises
* Be aware that asthma can affect a child’s learning and provide additional support if needed
* Ensure children with asthma are not excluded from activities they wish to take part in.

**School Asthma Leads (Inclusion Managers of Infant and Junior School) responsibilities**

* Ensure procedures are followed correctly
* Check all children on the register have consent status recorded, an inhaler, spacer and a care plan
* Medication is sent home at the end of the academic year so parents can check expiry dates
* Register is up to date and accessible to staff
* Training is up to date

**All staff responsibilities**

* Attend asthma training yearly
* Know what the procedures are and which children have asthma, be familiar with their care plan
* Staff must record inhaler use
* All medication must be accessible to all staff
* All staff completing educational visits must be aware of any children who have asthma. They should be trained to know what to do in an emergency

**Safe Storage**

* All inhalers are supplied and stored, wherever possible, in their original container. All medication needs to be in a plastic zip bag with the child’s name written clearly on the outside.
* Medication should be labelled with the child’s name, date of birth, the name of the medicine, expiry date, and the prescriber’s instructions for administration including dose and frequency.
* All inhalers and spacers are sent home with children at the end of the school year.

**PE/ Physical activities**

* We will ensure that the whole school environment which includes physical, social, sporting and educational activities, is inclusive and favourable to children with asthma.
* Teachers will be sensitive to children who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents should be made aware so medical help may be sought.
* Children with asthma will have equal access to extended school activities, after school clubs and residential visits.
* Staff are trained to recognize the potential triggers for children’s asthma when exercising and are aware of the ways to minimize exposure to these triggers.
* Staff should be aware of children who need to take their inhaler before, during or after PE.
* In an emergency situation, school staff are required under common law duty of care, to act like any reasonable parent. This may include administering medicines.

**School Environment**

* The school environment, as far as possible, is kept free of the most common allergens that may trigger as asthma attack e.g., chemicals and pets. This is a non-smoking school.

**Students who miss time off school due to their asthma.**

* As a school we closely monitor school absence, if a child is missing a lot of time off due to their asthma or we identify they are constantly tired in school, staff will make contact with the parent.
* The school will speak to the School Nurse or other health professionals to ensure the students asthma control is optimal.

**Asthma Attacks**

* Staff are trained to recognise an asthma attack and know how to respond.
* If a child has an asthma attack in school a member of staff will remain with them throughout, and administer their inhaler in accordance with the emergency procedure. Emergency services and parents will be informed.
* A member of staff would accompany the child to hospital until the parent/ care giver arrives.