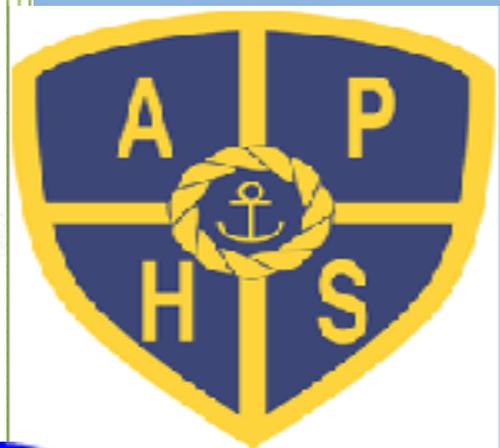


# 2017

## Supporting children with medical



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Alderman Peel High School, Wells Primary  
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Primary School

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## Procedures

### Notification

Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition. When pupils enter the school, parents/carers are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.

Information supplied by parents/carers is transferred to the Medical Needs section of SIMS, and is therefore available to all staff.. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff. The School Nurse has a termly meeting with the SENCo/Inclusion Manager at which the Medical Needs Register is reviewed and health matters discussed.

Any medical concerns the school has about a pupil will be raised with the parents/carers and discussed with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances the school, after consultation with the parent/carer, may consider a referral to a multi-disciplinary centre where a full paediatric assessment can be carried out.

### Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare plan. Some students will be perfectly competent to manage their own health needs and medicines, and in such cases the school will support them to do so. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take a final view. A model letter inviting parents to contribute to individual healthcare plan development is provided at appendix A.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at appendix B.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional where required, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

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. Where the child

has a special educational need identified in a statement or EHC plan, the individual healthcare plan will 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), the school will work with the appropriate hospital school or the Short Stay School for Norfolk to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

### **Home tuition**

When pupils are too ill to attend fulltime, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, and the relevant medical professionals.

### **Pregnancy**

Young women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young woman's or the unborn child's wellbeing, the school will make a referral for provision of home tuition. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

## **Medicines in school**

### **Self-management by pupils**

Wherever possible, children are allowed to carry their own medicines and relevant devices or are able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require 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 then 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. 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.

The school only accepts 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 inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. Children are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Otherwise, the school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency.

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. The school keeps 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 should be noted.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

### **Emergency Situations**

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. Other pupils in the school will be informed 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.

### **Day trips, Residentials and Sporting Activities**

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

### **Liability and Indemnity**

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

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<b>Ratification Date</b>	
<b>Review Date</b>	
<b>Signed Chair of Governors</b>	
<b>Date</b>	

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