

# Easton CE Academy



## SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS OR DISABILITIES

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# EASTON CE ACADEMY

## POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS OR DISABILITIES

### PURPOSE OF DOCUMENT

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical conditions or disabilities in school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

Under the requirements of the Special Educational Needs and Disability Act 2001 it is the responsibility of the L.A. and schools to enable pupils to be in school wherever possible. All pupils should have full access to the National Curriculum unless individual exceptions are advised by a multi-agency review. Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours.

Key points from the Children and Families Act 2014 state that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

### ROLES AND RESPONSIBILITIES

Under the Disability Discrimination Act (DDA) 1995, schools and settings are under a duty to make reasonable adjustments for disabled children, including those with medical needs. All provision should be planned with the intention of ensuring access to their full educational entitlement. Under the Children and Families Act 2014 schools are required to have a policy such 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. Where pupils have incurred injuries which restrict their mobility for example as a result of fractures, schools and settings should consider what reasonable adjustments they need to make to enable them to participate fully in all areas of school life, including educational visits and sporting activities.

The writing of this policy has taken into account the views of parents/carers, the staff and the Head teacher.

The Headteacher, in consultation with the Governing body, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school can support a child to attend school by assisting with their medical needs. The head teacher is responsible for implementing the policy on a daily basis

- (a) ensuring that the procedures are understood and implemented
- (b) ensuring appropriate training is provided
- (c) making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.

Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All medical information will be kept in the class medical file, which all staff in the class must be made aware of. The file must be shown to any supply teacher in the class before they start teaching. All staff will be informed of the designated person(s) with responsibility for first aid. Posters with the names of the first aiders will be displayed in school.

## **PARENTS/CARERS**

Easton CE Academy works in partnership with parents/carers to ensure that their child attends school wherever possible. In order to make this possible:

It is the responsibility of parents/carers to use forms provided by the school to inform the school of their child's medical needs

## **NOTIFICATION OF PUPIL INFORMATION**

Parents/carers are required to give the following information about their child's long term medical needs when the child starts school, and they have a responsibility to update it at the start of each school year:

- (a) Details of pupil's medical needs, including asthma
- (b) Long term medication, including any side effects
- (c) Allergies
- (d) Name of GP/consultants
- (e) Special requirements e.g. dietary needs, pre-activity precautions
- (f) What to do and who to contact in an emergency
- (g) Cultural and religious views regarding medical care

When the school is notified of a child having asthma or an allergy, the parent will be asked to fill in the relevant forms (**See appendix for forms**). The forms will be placed in the class medical file and all staff in that class informed.

When the school is notified that a child has a medical condition, the head teacher will ensure an Individual Health Care Plan is drawn up for the child within two weeks. The plan will be drawn up by a member of staff in consultation with, relevant health professionals, the child's parents and the child, if they are able to contribute to the process. In particular, the plan should take account of the dignity of the child and also their preferences for the manner and location of care, wherever possible. Parents should be able to read and approve the Individual Health Care Plan before it is used in school. The finished plan will be kept in the class medical file.

## **CONFIDENTIALITY**

Individual Health Care Plans are confidential documents and should only be read by the staff who work with the child. These members of staff must not share details with other staff except when it is necessary to do so in order to protect the child's health or safety. Supply teachers should be shown only the elements of the plan that they need to know. It should be made clear to all staff that the plans are there to maintain the child's dignity and ensure that they are included in the educational and social life of the school.

## **REVIEWS**

The Individual Health Care Plan should be reviewed at least annually.

## **INDIVIDUAL HEALTH CARE PLAN**

The Individual Health Care Plan will aim to support school attendance wherever possible outlining the child's needs and the level of support required in school. Parents must consent to and sign each section in the plan. All plans will start with a pen portrait that provides a summary that can be read quickly. The plan should contain a record of specialist training that staff have undertaken in order to meet the needs of the child. The plan will have whichever of the following sections are necessary to outline the child's needs:

### **MEDICAL PROTOCOLS**

This section of the plan is needed if a pupil needs to regularly have medication during every school day or needs to have a medical intervention or procedure during every school day. It enables staff to follow the procedures associated with administration of medication by providing clear instructions to follow. The child's parents should contribute to the writing of protocol and must consent and sign it before it is used.

Examples: Pain relief for a child with sickle cell disease, insulin for a child with diabetes.

### **EMERGENCY MEDICAL PROTOCOLS**

This section of the plan is needed for the pupil if it can be anticipated that a medical emergency may arise. It enables staff to follow the procedures associated with administration of rescue medication by providing clear instructions to follow. It also describes the procedure for delivering a medical intervention. The protocol will name staff that are trained to carry out the intervention or give the rescue medication, and state where necessary equipment is kept. The child's parents should contribute to the writing of protocol and must consent and sign it before it is used.

Examples: Adrenalin by EpiPen for a child with a peanut allergy, Oral Midazolam for a child with epilepsy

### **ASSESSING RISK IN THE PHYSICAL ENVIRONMENT**

This section of the plan is needed for any pupil who's physical, mental or behavioural needs could put them at risk in the physical environment of the school. All the different areas of the

building must be considered, and strategies to minimise risk should be listed. These strategies could involve deployment of staff.

The child's parents should contribute to the writing of protocol and must consent and sign it before it is used.

Examples: A child using a wheelchair to make the journey onto the school premises, a child with ASD who 'tiptoe walks' using the corridor into the playground.

## **EQUIPMENT PLAN**

This section of the plan is needed for any pupil who uses specialist equipment such as a wheelchair or hoist. The plan will detail daily, monthly and yearly checks to be carried out. There is a legal obligation to have hoists professionally checked every 6 months.

## **PERSONAL EMERGENCY EVACUATION PLAN**

This section of the plan is needed if a pupil will need assistance to evacuate the building in case of emergency. This could be because for physical reasons, or because of the pupil's level of understanding. Evacuation from all the different areas of the building must be considered. The child's parents should contribute to the writing of protocol and must consent and sign it before it is used.

Examples: A child with physical disability working upstairs, a child with ASD doing PE.

## **OFF SITE TRIPS AND VISITS**

This section of the plan is needed if the pupil will need specific, individual strategies to be in place to ensure their health and safety on a school trip. It involves a risk assessment which is personal to the child and the particular activity. The child's parents should contribute to the writing of protocol and must consent and sign it before it is used.

The risk assessment must give consideration to the following:

Sufficient essential medicines and appropriate Individual Health Care Plans will be taken and controlled by the member of staff supervising the trip.

If it is felt that additional supervision is required during any activities e.g. swimming, school/setting may request the assistance of the parent/carer.

As far as possible, all children should have access to all activities and areas of school life. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

## **PERSONAL CARE NEEDS PLAN**

This section of the plan is needed if a pupil will need support with some or many aspects of personal care or personal independence skills. It sets out the procedure(s) associated with personal care needs. The child's parents should contribute to the writing of protocol and must consent and sign it before it is used.

Examples: A child with severe learning difficulties who needs pads changing, a child with ASD who needs help to eat dinner.

## TOILETING OF CHILDREN WITH ADDITIONAL NEEDS

The Inclusion Agenda means that an increasing number of children and young people with a range of additional needs are now able to access mainstream education. Under the Disability Discrimination Act (DDA) 1995, it is illegal to operate an Admissions Policy which includes a blanket standard of continence for children and young people. Reasonable adjustments must be made to include those pupils who may require help and support with toileting or who are not yet toilet trained.

**Please see the appendix for the Local Authority Guidance on Toileting.** The Guidance clearly states that 'there are no regulations stating that a second member of staff must be present to supervise the changing of a nappy or the toileting of pupil to ensure that abuse does not take place.'

## ADMINISTERING MEDICATION

Many children will need medicine to be administered in school on an occasional basis eg antibiotics. These children do not need an Individual Health Care Plan. It is expected that parents/carers will normally administer medication to their children at home. Parents should be encouraged to check with their child's GP if medicine can be administered outside of school hours and still be effective. In particular, medicine that needs to be given three times a day should not need to be given during the school day.

Parents should:

- a) provide any medication in a container clearly labelled with the following;
  - i. THE CHILD'S NAME
  - ii. NAME OF MEDICINE
  - iii. DOSE AND FREQUENCY OF MEDICATION
  - iv. SPECIAL STORAGE ARRANGEMENTS
  - v. DATE TO BE USED BY
- b) collect and dispose of any medicines held in school at the end of each term.
- c) ensure that medicines have not passed the expiry date.
- d) ensure that all attempts are made to enable their child to attend school.
- e) Sign daily to say that they understand that medicine has been given in accordance with their instructions.

No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). **See appendix for this form.**

The Head teacher/Manager will decide whether any medication will be administered in school and following consultation with staff, by whom. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all-round needs of the child and to enable them to attend school.

Trained members of staff, on each occasion, giving medicine to a pupil should follow the school protocol for administering the medicine, which will always include:

- Hygiene procedures
- Checks on the medicine, including :
  - (a) Name of pupil
  - (b) Written instructions provided by the parents/carers or doctor
  - (c) Prescribed dose (to be confirmed with a second member of staff)
  - (d) Expiry date

**See appendix for this protocol.**

## **STORAGE OF MEDICINE**

All medicine will be kept in the school office, except inhalers (see above). All medicine will be logged by the person giving it..

## **RECORDS**

Staff will complete and sign a record sheet each time medication is given to a child and these will be kept in the class medical file. The sheets will record the following;

- (a) Name of pupil
- (b) Date and time of administration
- (c) Who supervised the administration
- (d) Name of medication
- (e) Dosage
- (f) A note of any side effects
- (g) If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so

## **REFUSING MEDICATION**

If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

## **TRAINING**

Training and advice will be provided by health professions for staff involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.

## **ASTHMA**

Immediate access to reliever inhalers is essential. All children with asthma should have an easily accessible inhaler in school in line with their asthma care plan. Class teachers will store children's inhalers which must be labelled with the pupil's name within the unlocked class room and kept together in a box. In case of emergency evacuation the inhaler box must be taken outside when the children leave the building. All inhalers must be taken on school trips and kept accessible to children.

Reliever inhalers are prescribed for use by an individual child only. As such they should not be used by anyone else. It is recognised however that there may be emergency situations where a child experiences severe asthma symptoms and his/her reliever (or spare) is not immediately to hand. School staff have a duty of care towards a pupil to act like any reasonably prudent parent. In accordance with the British Guideline on the Management of Asthma reliever inhalers are generally accepted to be a very safe form of medicine. In an emergency situation it is therefore recognised that using another child's reliever inhaler may be preferable to not giving any immediate medical assistance. The school will follow the new National Policy of keeping a school reliever inhaler available in case of emergencies.

For children with asthma symptoms the asthma care plan will be used. **See appendix for asthma care plan forms.** The asthma care plan can be photocopied and one copy can be kept in the class medical near the child's inhaler. The other will be kept in reception.

The school ensures that all pupils are aware and have an understanding of asthma; this will be included within the national curriculum.

## **COMPLAINTS**

Any complaints should be addressed to the class teacher in the first instance. If necessary, parents should speak to the head teacher, who will follow the school complaints procedure if necessary.