

Supporting children with Medical Conditions Policy

Primary and Junior Academies

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V3	April 24	L Calton	Reference to not giving Ibuprofen amended to aspirin to under 16s removed from section 4 in line with statutory guidance Updated training information Reference to Medical Tracker included

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I INTRODUCTION

Outwood Grange Academies Trust is a fully inclusive multi-academy trust and welcomes and supports children with medical conditions. The Trust is fully committed to providing children with medical conditions the same opportunities as others at their Academy in line with the statutory guidance 'Supporting pupils with medical conditions' December 2015 and 'Children and Families Act 2014'.

Should a medical condition lead to prolonged absence from the academy, the academy will work with family / carers and partnership agencies to arrange alternative arrangements to minimise the impact of the absence on the child's education, this could include online learning.

We will ensure this by educating all staff about the medical conditions that affect children at the academy and ensuring staff receive the appropriate training. Also, some children with medical conditions will have individual healthcare plans (IHCP) which should be devised with parents, children, healthcare professionals and the designated person for the academy. In addition, the SENDCo is responsible for ensuring that students with an Education, Health and Care Plan (EHCP) and SEN Support with medical complexities have a robust IHCP, in partnership with the designated person for the academy.

This policy complies with the statutory guidance and documents detailed in:

- Health & Safety at Work Act 1974
- The Control of Substances Hazardous to Health (COSHH)
- The Children's Act 1989
- The Equality Act 2010
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013

The academy will ensure that this policy and procedures are in place so that no person is placed at risk from the storage, administration and / or disposal of medication. The academy has a legal duty to make arrangements to ensure that children with medical needs are able to attend the academy with as little disruption as possible.

A policy that has appropriate procedures will be better placed to enable children attending the academy, who require medication to continue their education with as little disruption as possible.

Unless so directed by the terms of their employment contract, no member of staff should feel compelled to be responsible for the management and administration of medication to a child.

Outwood Grange Academies Trust is covered under the Risk Protection Arrangement (RPA) for schools for insurance purposes.

2 AIM

This policy aims to ensure that:

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All parties are aware of their roles and responsibilities and are clear about the services that are expected of them when dealing with children with regards to managing and administering medications.

Children who have short or long term medical needs or who require assistance with managing and administering medication will have the appropriate assistance, where required, when they are attending the academy. The approach is flexible, responsive and supportive to the medical needs of children, to ensure that they return to their educational studies as soon as possible following an illness or course of medication.

3 RESPONSIBILITIES

3.1 The Outwood Grange Academies Trust (OGAT) Board

The OGAT Board will ensure that the Academy has developed its policy to assist children with medical needs and that staff involved with administration of medication have had the appropriate training.

As a sub-committee of the OGAT Board, the Academy Council must review the arrangements for staff training on essential medical issues in the Academy.

Staff involved with the administration of medication must undertake Management of Medication in an Educational Setting training at level 2 as a minimum and this must be reviewed every 3-5 years unless a change of legislation takes effect before that expiry period. Further training may be required to achieve the necessary competency to support students with specific medical needs, training needs will be determined by the development of individual healthcare plans.

3.2 Principals

Principals are responsible for:

- Implementing the policy and procedures in their academy and should ensure that all staff, parents/carers are aware of the policy;
- Ensure that relevant staff are sufficiently trained and that they receive suitable and sufficient information and instruction to be able to undertake this function in a safe and effective manner. This also applies to members of staff who volunteer to be reserves to cover for absences;
- Appoint a member of staff to the lead role in supporting students with medical conditions;
- Ensure that a written Individual Healthcare Plan (IHCP) for each student with specific medical needs is drawn up in conjunction with the parent/carer and/or medical practitioner if required

Where there is concern that a child's needs may not be met by the academy or the parent's/carer's expectations appear unreasonable, the Principal should seek further advice from the child's GP, and other medical professionals.

3.3 Parents and Carers

The prime responsibility for a child's health rests with the parent/carer; they are responsible for making sure their child is well enough to attend the academy.

Parents/carers are asked to complete a child information sheet when a child starts at the academy. This sheet identifies any medical needs that a child currently has, or health needs they have previously had that may affect them. With current medical conditions a parent/carer should provide the academy with sufficient information about the child's medical needs. This should be undertaken in conjunction with the child's GP or paediatrician, as appropriate. Medical documentation/letters should be copied and provided to the academy to support the process. Any medical appointments during academy time should be evidenced with an appointment card or letter so the academy can provide the correct response to support the child.

Where medication has been prescribed to be taken during the school day, parents/carers are advised to request that the prescriber provides two prescriptions for their child's medication, where appropriate and practicable. This would be one for home and one for use in the academy. This enables the medication to be kept on site for the number of days it is to be administered during the academy day and allows accurate recording of quantities received and administered. Where children need to take their medication home at the end of the day, a parent / carer will be required to authorise it in and out each time.

Where a child has acquired an injury outside of academy hours, this must be dealt with by parents/carers. The academy is not in a position to diagnose or have the equipment to be able to make decisions on breaks, fractures or any internally diagnosed complaints/injuries.

If a child becomes unwell within the academy they should be collected as soon as possible. It is vital to have the relevant home and emergency contact telephone numbers held on file; it is the parent/carer's responsibility to provide the academy with updated information as necessary.

Parents/carers' culture and religious views should be respected at all times.

3.4 Children

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever. The ages that children are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not ever mature enough to take medical responsibility for themselves whilst in the academy. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/carers should be informed so that alternative options can be considered.

If a child takes their emergency medication whilst not in the presence of a member of staff, they should report this to the relevant staff member so appropriate records can be made and subsequent care given if needed.

As young people grow, develop and mature they should be encouraged to participate in decisions about their medications and to take responsibility. Children are expected to self-medicate, this does not mean that a child carries their medication with them. Self-medication means that a child can take the medication without adult support (given via spoon, or injected) furthermore the medication will continue to be taken in the presence of member of staff who has been sufficiently trained

Children's culture and religious views should be respected at all times.

3.5 School Nurses

Whilst school nurses do not usually have extensive roles in academies, the school nursing services are responsible for notifying the academy when a child has been identified as requiring support in school due to a medical condition.

They may also:

- Support staff to implement a child's IHCP;
- Provide advice on appropriate support;
- Liaise with outside agencies

Healthcare professionals, such as GPs and paediatricians will liaise with school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHCPs.

School nursing teams may also provide academy wide awareness training on some medical conditions.

3.6 Academy Staff

A teacher or other member of staff in the academy, who looks after children in place of the parent (in loco parentis), must treat and take care of the child as a "*careful parent*" would. If a request is made in relation to a child's medical needs, then consideration should be given to whether or not the request is what would be expected of a reasonable parent in the same circumstances.

Each request should be considered on individual merit and academy staff have the right to refuse to be involved. It is important that academy staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

A member of staff who has a child with medical needs in their class should understand the nature of the condition and when and where that child may require additional attention. For children with unique or unusual conditions training will be with small groups of staff who are there regularly to support that individual.

The training logs are kept for both insurance and audit purposes.

Staff are not required to disclose when they are taking medication themselves, however they must ensure that personal medication is stored appropriately and not accessible to children. If staff wish to disclose they carry medication then the academy can support with storage options.

3.7 Nominated Medical Lead

- Be the lead for managing medicines;
- Produce individual Healthcare plans, PEEPS, and Risk Assessments with support from inclusion teams for children with SEND needs;
- Produce risk assessments, including supporting with the production of risk assessments for trips when necessary;
- Collect medication from students for safe storage and administration;
- Comply with the academy's security requirements in relation to access to medicines and student information

4 ADMINISTERING MEDICINES

No child under the age of 16 should be given medicines containing aspirin unless it has been prescribed by a doctor and a written consent form has been signed by their parent/carer. Paracetamol in capsule form cannot be administered to children under 16.

The academy uses an electronic system called Medical Tracker to record when medication has been administered to a child. Parents/carers are able to receive emails from Medical Tracker requesting their consent, for parents/carers who do not have email access, paper forms will be used. Medication will not be administered by academy staff without this consent.

Medical Tracker keeps an individual child register of all medicines brought into the academy by a parent/carer for administration to a child during the academy day.

Medicines should only be taken into an academy when essential; e.g. where it would be detrimental to a child's health if the medicine was not administered during the academic day. It is recognised that it may be necessary at times for a child to take medication to minimise absence. Where this happens it is advised that the parent/carer request that the prescription is such that the child does not need to take any medication whilst in the academy e.g. a dose frequency of three times per day rather than four times per day. Medications that state 'as and when required' must be accompanied with a minimum and maximum dose allowance. It is recognised that medication required to be taken three times per day may need to fall within the academy day and each request will be considered on the individual's circumstances.

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Where medicines must be administered during the day they must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration. Unless stated by the prescriber, the academy cannot split or alter medication in any form.

4.1 Medical needs and individual health care plans

Children with short-term, long-term and/or complex medical conditions may require ongoing support, medicines or care whilst at the academy to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents/carers communicate with the academy so that effective support can be put in place. This will require establishing relationships with relevant local health services to help them.

The academy recognises that there are also social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may think they could be bullied or develop emotional disorders such as anxiety or depression around their medical condition. With long-term absences due to health problems, attainment may be affected. Reintegration back into the academy should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. There are support mechanisms in the academy to help children reintegrate back into a full time education. Short-term and frequent absences, including those for appointments connected with a child's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case the Academy must comply with their duties under that Act. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. See Special Education Needs and Disability Policy.

Where a child does have long term and/or complex medical needs and an Individual Health Care Plan is essential to manage their needs, The Individual Health Care Plan should be completed by designated academy staff with parents/carers and child. All Individual Health Care Plans must be reviewed annually unless there is a change to the prescription. It is the parents/carers responsibility to inform the Academy of any changes.

4.2 Schedule 2 Drugs

When Schedule 2 Drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on Academy premises, a stock record is also required, this should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term. This medication should be kept in a locked cabinet within a room with restricted access.

4.3 Children's Privacy

Where invasive or personal care is required then the person carrying out such a treatment, where possible, should be of the same gender as the child receiving the treatment, unless agreed otherwise and with parental consent. One additional adult should be present whilst the treatment is carried out unless personal care procedures indicate otherwise.

Those persons who provide personal or invasive treatments must be suitably trained.

4.4 Refusing Medicines

When a child refuses their medication, the parent/carer should be informed the same day and appropriate records made on the register. Staff cannot force a child to take any medication.

5 STORAGE

Prescribed medication will be stored securely, labelled correctly and in a locked metal cabinet secured to a wall or floor unless:

- otherwise stated on an Individual's Health Care plan
- a child self manages their medication such as diabetes, allergy relief such as auto adrenaline injectors e.g. epi-pens or asthma inhalers
- it is an emergency medication located in prime locations around the Academy site

For medicines that are temperature sensitive, they should be stored in a locked fridge or an unlocked fridge within a locked room.

The room is regularly monitored during the Academy day and should be locked if unsupervised. If the room is also dual used for administering medication and first aid treatment, then an unlocked room should be used providing that prescribed medication and student files have restricted access. First aid supplies and emergency medication must always be readily available.

Emergency medicines such as Auto Adrenaline Injectors e.g. EpiPens(c) and asthma inhalers should be readily available and not locked away. These responsive treatments will be risk assessed and appropriately stored.

Medication taken on trips must be kept in a lockable bag or box and never stored with the first aid kit. First aid kits should be readily accessible.

6 DISPOSAL OF MEDICINE

Parents/carers are responsible for ensuring that expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the Academy at the end of the period for which it was prescribed. Liquid medication will only be stored on site for 6 months from the date of prescription or the date of opening (if opened in the Academy).

Should parents/carers fail to collect expired medicines, the academy reserves the right to appropriately dispose of them.

6.1 Disposal of sharps

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the local Environmental Waste Disposal Unit.

7 ACADEMY TRIPS AND SPORTING ACTIVITIES

Children with medical needs should be encouraged to participate in academy extracurricular activities and trips as long as the safety of the child, other children and/or staff is not placed at significant risk. An academy may take additional measures for outside visits for children with medical needs. This may include:

- additional staff supervision;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets;
- copies of the child Healthcare plans in the event of an emergency referral;
- enhanced risk assessments based on the needs of the child

When planning trips and extracurricular activities which will include a child with medical needs, all staff supervising the trip should be made aware of any additional requirements that the child may need and any emergency procedures that may be required (unless the parent/carer does not give their prior consent to do this).

This is to be covered in the event Evolve Risk Assessment and can also be in a person specific risk assessment where necessary. The location to be visited should be made aware that child(s) with medical needs are included in the party, if this is practicable and if the parents have consented. If there is any doubt regarding the activity the academy should discuss the activity with the parent/carer and also, if necessary, seek medical advice.

It is important to note that it is the parent/carers responsibility to ensure that their child has the relevant medication for a trip. If a child does not have the correct medication, they will be refused to attend.

8 STANDARD ASSESSMENT TESTS (SATS)

Asthma inhalers can be taken into a test but they must have no writing on them - any labels need to be checked by an invigilator on entry to the test.

For children with diabetes, they should take a blood testing kit with them, a bottle of water, insulin and either dextrose tablets etc. All should have their labels removed and be placed on the desk they are working on (some children prefer it to be left on the front desk). children should be allowed toilet breaks (under test conditions). Medication can have a label on but needs to be checked by an invigilator on entry to the test.

Auto Adrenaline Injectors such as Epipens© should be taken into the test by the child and left on the desk. Any labels are to be checked by the invigilator on entry to the test.

In the event of a hypo during an SATS test, time should be allocated for treatment. Once the student is back in their target, the test should re-commence for that student after 45 minutes.

It is good practice to document blood glucose levels and time on the test paper for consideration for concentration levels if blood glucose is high or low.

9 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)

An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. Cardiac arrest can affect people of any age and without warning. If this happens, swift action in the form of early cardiopulmonary resuscitation (CPR) and prompt defibrillation can help save a person's life.

APPENDIX A

OUTLINE OF THE INDIVIDUAL HEALTHCARE PLAN PROCESS

