

# The Rydal Academy

## Policy for supporting Pupils with Medical Conditions

**Accepted by:** The Rydal Academy LGB January 2015

**Approving Body :** Local Governing Body

**Committee :** LGB

**Review Cycle:** 1 year

**Last reviewed:** May 2020

**Date for next review:** May 2021

Every child should have the best possible start in life through a high quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum. As far as possible, children with health needs who are unable to attend school should receive the same range of quality of education, as they would have experienced at their home.

This policy is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions and refers to the statutory guidance from the Department for Education September 2014.

### Definition

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

- (a) Short-term, affecting their participation in school activities while they are on a course of medication or incapacitated due to an injury.
- (b) Long-term, potentially limiting their access to education and requiring extra care and support.

### Aims

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of pupils with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.
- To ensure that pupils with medical needs have access to a suitable and flexible education appropriate to their needs and the nature of provision must be responsive to the demands of what may be a changing health status.

### Procedure

The person named below is responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change; the above measures are adjusted accordingly

Where children are joining The Rydal Academy at the start of a new academic year, these arrangements should be in place within the first half term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual health care plan which details the support that child needs.

### **Individual Health Care Plans (IHCPs)**

The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEN but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

### **Nut allergies**

We have a duty of care to all pupils, so will work together to minimise the risks to pupils by asking parents not to send in items in packed lunches marked 'does contain nuts' or 'contains peanuts'; lunchtime staff will be alert to obvious signs of nuts being brought into school and any nuts/nut products found to be brought into school, will be bagged up and returned. If the pupil who has brought in nuts/nut products are sitting near to a child with a severe allergy, the pupil with nuts/nut products will be asked to move tables and asked to wash his/her hands after eating (foods not permitted include: packs of nuts, peanut butter sandwiches, nutella, chocolate bars containing nuts and cakes with nuts in them). If a packed lunch contains an item which 'may contain nuts' these will be permitted.

Luckily, airborne allergic reactions are very rare. Usually, a person has to ingest or directly come into contact with the protein (usually found in peanuts) in order to suffer an allergic reaction. It is not possible to ensure that The Rydal Academy is 100% nut free but we will strive to reduce risks as much as we can by working with parents, pupils and staff to manage and reduce the risks of allergic reactions to nuts, through:

- transferring medication, alongside the pupil/s with allergies, to and from shared eating areas,
- not permitting the sharing of food from packed lunches,
- bagging up and returning and items found in packed lunches that 'contain nuts' or 'contain peanuts',
- encouraging pupils to wash their hands after consuming foods,
- working with parents, pupils and staff to manage and reduce the risks of allergic reactions to nuts

## **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 with any relevant person or agency to provide effective support for the child.

### **The Governing Body**

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

### **The Head Teacher**

- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHCPs, including in emergency and contingency situations, and they are appropriately insured

### **The Responsible Person - Miss L Truby**

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- is responsible for the development of IHPs
- should support the school nursing service in the case of any child with a medical condition who has not been brought to their attention.

### **School Staff**

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

### **School Nurses**

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

### **Other healthcare professionals**

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

### **Pupils**

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

## Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation

## Notes

The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

### The following practice is considered unacceptable:

- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents; ignoring medical advice or opinion
- sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- penalizing children for their attendance record if their absences are related to their medical condition that is recognized under this policy
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- to require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child)

## Administering medicines in school

We do not expect parents to ask staff to administer medicine unless it is absolutely essential that this takes place during school hours.

1. There is no legal or contractual duty on any member of school staff to administer medicines or supervise pupils taking their medicines. Nevertheless, we would wish to support our pupils where we can.
2. The school will deal with each request on an individual basis, considering whether or not we are prepared to administer medicine e.g. appropriate training is in place.
3. In the interests of safety, medicine can **only** be brought into school and collected from school by a parent/carer. Medicine brought in by a child will not be administered.
4. Any medicine brought into school must have been prescribed by a clinician, for the named individual.
5. The container should be the container that the medicine was dispensed in and have attached the dispensing label clearly showing:
  - Name and strength of medicine
  - Name of individual to whom the medication has been supplied
  - Dose of medicine to be administered and the frequency that dose should be administered
  - Date of dispensing, to be used only for that bout of illness.
  - **Any medications not presented properly will not be accepted by staff.**
6. Appropriate paperwork (appendices 2 and 3) must be completed by the parent/carer when medicine is brought into the school and an entry will be made in the school's medication records maintained in the medical room.
7. For certain medical conditions, it may be necessary to draw up an Individual Health care Plan (IHP), Asthma plan (appendix 5) or an Allergy plan (appendix 6) and these will be completed in consultation with parents.

8. The school will ensure that the medicine is stored in an appropriate, secure place during the school day, and that each time the medicine is administered the school's medication record is completed (Appendix 4)
9. At the end of the school day, or at the end of the prescribed period (whichever is appropriate) any left-over medicine will be handed back to the parent/carer. Any medicine not collected will be taken to the local community pharmacy for destruction.
10. **Inhalers** We expect he/she will have a reliever inhaler (blue). This should be kept in school for quick access when needed.
11. **Non-prescribed medicine** (e.g. cough medicines, cough sweets, Paracetamol tablets, creams and ointments) will not be administered

## **Asthma**

Parents of children who have asthma are asked to complete a personal asthma plan (appendix 5)

We expect:

- The inhaler will be appropriately labelled and a spacer provided.
- It will be stored in school for easy access
- School will hold an emergency Salbutamol inhaler in line with amendments to The Human Medicines Regulations (Oct 2014), for the use of pupils whose own inhaler is not available (lost, broken, run out, forgotten)

## **Procedures**

Staff will follow the 'five rights':

1. The right person receives
2. The right medicine
3. The right dose
4. Via the right route
5. At the right time

It is important that:

- Medication is given to one person at a time
- Medication is prepared according to directions and given immediately
- The person administering the medication must complete and sign the medical administration and stock control records
- Checked and signed by a second person

## **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.