

LANCASTER GIRLS' GRAMMAR SCHOOL

SUPPORTING PUPILS WITH MEDICAL NEEDS:

Purpose of the Policy	To ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life.
Teacher responsible for Policy	Jackie Cahalin
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Related Material	<ul style="list-style-type: none"> • DfE (2015) 'Special educational needs and disability code of practice: 0-25 years' • DfE (2015) 'Supporting pupils at school with medical conditions' • DfE (2000) 'Guidance on first aid for schools' • Ofsted (2015) 'The common inspection framework: education, skills and early years' • Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
Linked LGGS Policies	<ul style="list-style-type: none"> • SEND Policy • Drug and Alcohol Policy • Eating Disorder Policy • Asthma Policy • Allergen and Anaphylaxis Policy • Complaints Procedure Policy

1. Aims

Most pupils will, at some time in their school career, have a medical condition that impacts on their school life. This is usually a short-term problem which is either fully or substantially resolved. However, some pupils have long-term medical problems which may restrict their ability to attend school regularly and take part in normal school activities.

At LGGS we are committed to ensuring effective arrangements are in place to support pupils with medical conditions, thereby ensuring that these young people can access and enjoy the same opportunities at school as any other child.

We recognise that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties. Our focus is on the needs of each individual child and how their medical condition impacts on their school life.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. We recognise our duty to comply with the Act in all such cases.

The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

Admissions

No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

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

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse informs the Coordinator of Wellbeing. Following this, the school begins to arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP.

The school does not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement is made by the Coordinator of Wellbeing based on all available evidence (including medical evidence and consultation with parents/carers).

For a pupil starting at the school in a September uptake, arrangements are in place prior to their introduction and informed by their previous institution.

Where a pupil joins the school mid-term or a new diagnosis is received, arrangements are put in place within two weeks.

3. Health Care Plans

Health Care plans, (and their review) will be initiated, in consultation with the parent, by the Coordinator of Well-being and/or a healthcare professional involved in providing care to the child. The Plan is drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils are involved whenever appropriate.

Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind and ensure that we assess and manage risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should 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), we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

At LGGS the HCP will contain the following information:

- 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 used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- who will provide this 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;
- arrangements for written permission from parents and the headteacher 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 of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

4. Roles and Responsibilities

LGGS Governing body

The Governing Body is responsible for making make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.

The Governing Body must ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Headteacher

The Headteacher is responsible for ensuring that the policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher is responsible for ensuring that all staff who need to know are aware of the child's condition and that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

School staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. 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.

Coordinator of Well Being

The Coordinator of well-being has the key responsibility for drawing up HCPs and supporting students with medical needs in school. They liaise with parents and health professionals.

School nurse

The school nurse is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

Other healthcare professionals

Other healthcare professionals e.g. eating disorder service, GPs and paediatricians will be responsible for notifying the school of any pupils they are working with. Where possible they will support the school in implementing healthcare plans and liaison, for example on training.

The role of the Local Authority

The LA commissions school nurses for local schools and promotes co-operation between relevant partners. They makes joint commissioning arrangements for education, health and care provision for pupils with SEND. The LA provides support, advice and guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.

The LA plays a key role in working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

The role of Ofsted

Ofsted inspectors will consider how well the school meets the needs of the full range of pupils, including those with medical conditions.

Key judgements are informed by the progress and achievement of pupils with medical conditions, alongside pupils with SEND, and also by pupils' spiritual, moral, social and cultural development.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any 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.

Supply teachers

Supply teachers are provided with access to this policy and informed of all relevant medical conditions of pupils in the class they are providing cover for. They are covered under the school's insurance arrangements.

5. Staff training and support

Staff will be supported in carrying out their role to support pupils with medical conditions through communication of information and training where needed. Training needs are assessed by the School's Deputy Head who will decide how and by whom training will be commissioned and provided.

Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Parents/carers of pupils with medical conditions are consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

6. Arrangements for children who are competent to manage their own health needs and medicines.

After discussion with parents, children who are competent are encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Children are allowed to carry their own medicines and relevant devices and should be 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 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 should be informed so that alternative options can be considered.

7. Managing medicines on school premises

The school policy is that medicines should 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 should 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. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, is not usually administered by school staff during the school day. Should it be necessary to administer such medicine during a residential trip, it should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed

We will only accept 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 is available to schools inside an insulin pen or a pump, rather than in its original container.

All medicines will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips

In the case of controlled drugs, 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.

Controlled drugs that have been prescribed for a pupil should be kept securely, stored in a non-portable container and only named staff should have access.

A record will be kept of any doses used and the amount of the controlled drug held in school. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep 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 should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

The school holds asthma inhalers for emergency use. The inhalers are stored in the medical room and their use is recorded. Inhalers are always used in line with the school's **Asthma Policy**.

8. Record keeping

Written records are kept of any medication which has been administered by staff. These records are kept in the KS4 Pastoral Office.

When a pupil presents as ill in school, reception makes a note on CPOMS. A senior member of staff is called and the decision made as to if parents need to be contacted.

Adrenaline auto-injectors (AAIs)

The administration of AAIs and the treatment of anaphylaxis will be carried out in accordance with the school's **Allergen and Anaphylaxis Policy**.

A Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Where a pupil has been prescribed an AAI, this will be written into their IHP.

Pupils who have prescribed AAI devices are able to keep their device in their possession. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members. In the event of anaphylaxis, a designated staff member will be contacted immediately.

Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a monthly basis to ensure that it remains in date and will be replaced when the expiry date approaches.

The spare AAI will be stored in the medical room, ensuring that it is protected from direct sunlight and extreme temperatures.

The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.

Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.

- Where any AAIs are used, the following information will be recorded on the **AAI Record**:
- Where and when the reaction took place
- How much medication was given and by whom

For children aged 12 and older, a dose of 300 or 500 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

9. Emergency procedures

The school has a contingency plan in place for dealing with emergencies.

Individual healthcare plans clearly define what constitutes an emergency and explain what to do. These are used to inform all relevant staff of emergency symptoms and procedures. Other pupils in the school are briefed 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 should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. In the event of a medical emergency at the field staff have been briefed to ensure they provide the correct location address the correct information is provided for navigation systems.

10. Educational visits, residential visits and sporting activities

We will actively support pupils with medical conditions to participate in educational visits, or in sporting activities, and not prevent them from doing so. Teachers are made aware of how a child's medical condition will impact on their participation, but we will endeavour to provide enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

As part of our trip planning and risk assessment procedures, any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely

11. Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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 children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- 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;

- require parents, 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Defibrillators

The school has two Mediana HeartOn A15 automated external defibrillators (AED).

The AED is stored at Reception and the school field in an unlocked, alarmed cabinet.

All staff members and pupils are aware of the AED's location and what to do in an emergency.

A risk assessment regarding the storage and use of AEDs at the schools has been carried out.

No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, some staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used, or requires using.

Maintenance checks will be undertaken on AEDs on a weekly basis by name of designated person, with a record of all checks and maintenance work being kept up-to-date by the designated person.

Liability and indemnity

LGGS has the appropriate level of insurance in place for the pupils in school and while they are on educational visits.

The governing board ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with name of policy provider covering healthcare procedures.

The policy has the following requirements:

All staff must have undertaken appropriate training.

All staff providing such support are provided access to the insurance policies.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

12. Complaints

Any complaints concerning the support provided to pupils with medical conditions can be made using the school's complaints procedure. A copy of this procedure is available on the school website or by contacting the school.