



Washwood Heath
Multi Academy Trust

WHMAT SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

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Applies to:	Members, Trustees, Governors, Teachers, Support Staff, Pupils and Visitors in WHMAT
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**Appendices
(August 2017)**

1. Introduction

- 1.1 This policy meets the requirements under Section of 100 the Children and Families Act 2014 which places a statutory duty on school governing bodies to make arrangements for supporting pupils with medical conditions. It also based on both the statutory and guidance non- statutory advice from the Department for Education document [Supporting Pupils at School with Medical Conditions](#).
- 1.2 This policy applies to all Pupils and Students within WHMAT (from pupils in the Early Years Foundation Stage up to, and including, students in Post 16).
- 1.3 This policy also applies to Members, Trustees, Governors, Teachers, Support Staff, and Visitors in WHMAT.

2. Aims

- 2.1 This policy aims to ensure that:
 - Pupils, staff and parents understand how our Trust will support pupils with medical conditions
 - Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- 2.2 The Board of Trustees will implement this policy by:
 - Making sure sufficient staff are suitably trained
 - Making staff aware of a pupil's condition, where appropriate
 - Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
 - Providing supply teachers with appropriate information about the policy and relevant pupils
 - Developing and monitoring individual healthcare plans (IHPs)
- 2.3 The Lead DSL will have responsibility for implementing this policy in their academy

3 **Roles and Responsibilities**

3.1 The Board of Trustees are the accountable body for ensuring the safety of the academies within the trust. They will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 WHMAT has a nominated Trustee for Safeguarding. The nominated Trustee is responsible for liaising with the Chief Executive Officer, the Interim Safeguarding Lead, Heads of Academy and Designated Safeguarding Leads over matters regarding child medical needs. The role is strategic rather than operational they will not be involved in concerns about individual pupils/students.

3.3 **Academy Advisory Board**

3.3.1 The Advisory Board in each Academy will ensure that there are adequate provisions for the training needs of all staff in relation to this policy. WHMAT will ensure that appropriate levels of insurance and liability cover are in place.

3.4 **Head of Academy**

3.4.1 The Head of Academy has overall responsibility for all policies and procedures including those relating to supporting pupils in school with medical conditions.

3.4.2 The Head of Academy, with the approval of the Governing Body, has appointed a Designated Safeguarding Lead (DSL) responsible for ensuring support for pupils with medical conditions.

3.4.3 The Head of Academy will refer pupils with medical conditions who are finding it difficult to keep up educationally to the Lead DSL and/ or the SENDCO who will liaise with the pupil (where appropriate), parents/ carers and the pupil's healthcare professional(s).

3.4.4 The Head of Academy will ensure that all pupils accessing medical treatment are supported to continue to make progress academically, dependent upon their individual circumstances. The use of technology can support this to ensure that all lessons, learning material and feedback can be provided on an ongoing basis to students not able to attend school during periods of incapacity, providing copyright legislation is not breached.

3.4.5 The Head of Academy is responsible for ensuring only trained staff issue prescribed medication during the school day.

3.5 **Designated Safeguarding Lead**

3.5.1 The DSL is responsible for facilitating communication with all parties to ensure that staff understand their role in implementing this policy.

3.5.2 The DSL will ensure that an Individual Health Care Plan is developed where required.

3.5.3 The DSL will ensure that the school nursing service is contacted in the case of any pupil 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.

3.5.4 The DSL will ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.5.5 In addition, the DSL will ensure that:

- a list of all pupils with medical conditions is maintained
- staff who need to know of an individual child's medical condition are notified
- a risk assessment is carried out before any out-of-school visit, including work experience and educational placements, where the needs of pupils with medical conditions are considered and plans are put in place for support
- adjustments to accommodation or the curriculum are made to support students with medical conditions
- contact arrangements for the School Health Advisory Service, and any other specialist nurse support teams are in place
- prescribed medication is administered appropriately
- detailed records of medication administered and general record keeping in relation to pupils with medical conditions is strictly kept up-to-date
- this policy is available to all parents/carers of children who attend a WHMAT academy

3.5.6 WHMAT will ensure that the DSL receives adequate training in order to deliver this role effectively and safely, including update training of relevant frequency

3.6 **School Staff**

- 3.6.1 All staff must understand their duty of care to children and young people and appreciate that pupils who may have serious medical conditions may suffer an adverse effect to their quality of life and their ability to learn. Staff will take these needs into account when working with such students.
- 3.6.2 Staff who have students with medical conditions in their class/group should understand the nature of the condition, what to do and how to respond accordingly should that student need medical help.
- 3.6.3 Staff should be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these. Staff should ensure that pupils have the appropriate medication/ equipment/ food with them during physical activity.
- 3.6.4 No members of staff are obliged to give, or oversee, the giving of medication to pupils. Only appropriately trained school staff who are authorised and trained in the giving of medication are authorised to give or oversee the taking of medication.
- 3.6.5 School staff who volunteer, will only oversee the administration of medicines prescribed by a qualified medical practitioner, dentist or nurse consultant. The Trust will **never** accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- 3.6.6 The Trust's arrangements for administering medication are in line with the government guidance in *Supporting Pupils at School with Medical Conditions*.

3.7 **School Health Advisory Service**

- 3.7.1 WHMAT works in close liaison with Birmingham's School Health Advisory Service to support the needs of all pupils with medical conditions.

3.8 Academy Lead First Aider

3.8.1 Each WHMAT academy will identify a Lead First Aider who will:

- collate information provided by parents
- oversee the arrangements for the administration all **prescribed** medication
- ensure safe storage and/or disposal of medication
- providing school staff with guidance and training for staff and volunteers on medical conditions and how they may affect the education of individual pupils
- provide reports as required to Head of Academy

3.9 Parents and Carers

3.9.1 Parents are responsible for providing the academy of their child(ren) with sufficient and up-to-date information about the medical needs of their child(ren).

3.9.2 Where possible, medication should be administered at home.

3.9.3 Each request from a parent/carer to administer medication to their child in school will be considered individually based on the circumstances.

3.9.4 Verbal instructions will not be accepted by the school. A parent/carers written consent is required (using our Consent Form). Consent does not have to be obtained every time medication is administered, but the form should be updated regularly.

3.9.5 Parents/Carers are responsible for:

- ensuring that their child has a sufficient amount of medication which is in date
- replacing their child's supply of medication on request
- safely disposing of their child's date-expired medicines, for example by returning them to a pharmacy
- ensuring that all medication is provided in its original container with the a label, from the pharmacist if the medication is prescribed or the parent if it is over the counter, showing the:
 - Child's name, date of birth
 - Name and strength of medication
 - Dose
 - Any additional requirements, e.g. to take the medication with food etc.
 - Expiry date
 - Dispensing date or date of purchase

3.9.6 Parents should carry out any action they have agreed to as part of the implementation of an IHP e.g. provide medicines and equipment.

3.9.7 Where appropriate, parents, carers or guardians will be involved in drawing up a healthcare plan for their child.

3.9.8 Where parents have difficulty understanding or supporting their child's medical condition themselves, the Local Health Authority can often provide additional assistance.

3.9.9 In line with WHMAT's Safeguarding Policy to ensure the best outcomes for all pupils, WHMAT seeks to work in liaison with parents and carers to access such support if required, and expects parents to consent to appropriate referrals being made.

3.10 **Pupils**

3.10.1 WHMAT aims to support students with medical conditions to become selfmanaging of their condition at the earliest opportunity; this includes very young pupils who often have the maturity to do so due to the chronic nature of their condition. These pupils will be actively supported by their individual Academy.

3.11 **Refusing Medication**

3.11.1 If a child refuses to take medication, school staff will not force them to do so. The individual academy will inform the child's parents, carer or guardian as a matter of urgency. If necessary, the academy will call the emergency services.

4. **Specific Medical Issues**

4.1 WHMAT welcomes all pupils and encourages them to participate fully in all school activities. Each academy routinely and regularly advises staff on the practical aspects of the management in school of:

- Asthma attacks
- Diabetes

- Epilepsy
- An anaphylactic reaction

4.1.2 The Academy Lead First Aider will be responsible for ensuring a record is kept of all pupils who may require such treatment.

5. Individual Healthcare Plan

5.1.1 The Head of Academy has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Lead DSL in each WHMAT academy.

5.1.2 Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head of Academy will make the final decision.

5.1.3 WHMAT uses an IHP to record the support an individual pupil needs around their medical condition. An IHP sets out:

- What needs to be done
- When
- By whom

5.1.4 Plans will be drawn up in partnership with the host academy, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. Plans will be developed with the pupil's best interests in mind.

5.1.5 Each Academy within WHMAT has a centralised register of IHPs, and each Head of Academy has responsibility to ensure this register is in place and accurate and shared in accordance with data protection laws.

5.1.6 IHPs are regularly reviewed, at least every year or whenever the pupil's needs change. The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of, and have access to, the IHP for the pupils in their care.

5.1.7 The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. An IHP template supplied by the DfE in the document "Supporting pupils at school with medical conditions" (Appendix 2 of this policy) is available for academies to utilise should there be a need.

6. Returning to an academy after a period of Hospital Education, Home

Tutoring or similar due to a medical condition

6.1.1 WHMAT academies will work with medical professionals, the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

6.1.2 The Head of Academy will ensure that all pupils are supported to continue to make progress academically, dependent upon their individual circumstances. The use of technology could support this to ensure that all lessons, learning material and feedback can be provided on an ongoing basis to students not able to attend school full time during periods of reintegration, providing copyright legislation is not breached.

7. Managing Medicines

7.1.1 Prescription and non-prescription medicines will only be administered at a WHMAT academy:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

7.1.2 Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

7.1.3 Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

7.1.4 WHMAT academies will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

7.1.5 The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

7.1.6 All medicines will be stored safely.

7.1.7 Pupils will be informed about where their medicines are at all times and be able to access them immediately.

7.1.8 WHMAT Heads of Academy will ensure that emergency medication/equipment is readily available wherever the child is in the school, and on off-site activities, and is not locked away.

7.1.9 Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils in an adult only accessible area.

7.1.10 Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1.11 WHMAT encourages pupils to carry their emergency medication with them if they wish/this is appropriate or they should know exactly where to access it, without delay.

7.1.12 WHMAT disposes of needles and other sharps in line with local authority policies. Sharps boxes are kept securely at school and will accompany a named child on off-site visits if required due to their medical condition.

7.1.13 Sharps boxes are collected and disposed of in line with local authority procedures.

7.2 Over the Counter Medicines (OTC) (non-prescription) (BCC supplemental guidance “The administration of Medicines in School Settings – February 2018)

7.2.1 The Medicines and Healthcare Products Regulatory Agency license all medicines and classifies them as OTC when it considers it safe and appropriate that they may be used without a prescription. Birmingham Local Medical Committee considers it a misuse of GP time to provide an appointment for a child with the sole purpose of

acquiring a prescription for an OTC medicine. Sometimes a pupil's medical condition may mean that they need to take OTC medication.

7.2.2 OTC medicines can be administered to pupils on the same basis as prescription medication, i.e. where medically necessary, with the parent's consent, when approved by the Head of Academy in accordance with the school's policy and as set out in the pupil's Care Plan, if one is in place.

7.2.3 Parents should be informed if OTC medication has been administered that day.

7.2.4 With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging. Staff administering should check with parents the date and time that the child took the most recent dose.

7.3 Analgesics (Painkillers) (BCC supplemental guidance "The administration of Medicines in School Settings – February 2018)

7.3.1 For children who regularly need analgesia, such as paracetamol (e.g. for migraine), an individual supply of their analgesic could be kept in school, labelled for that child only.

7.3.2 WHMAT academies must not routinely keep stock supplies of analgesics for potential administration to any child. However, in rare circumstances, if an academy feels it is absolutely necessary to keep stock supplies the academy must detail the circumstances in which pupils may be given the analgesic and explain how the medicine will be safely stored, evidenced by a risk assessment. Parental consent must always be obtained before administering a medicine under these circumstances.

7.3.3 Children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a Doctor.

7.4 Controlled drugs including insulin auto-injectors

7.4.1 A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are stored securely but accessibly, with only named staff having access. Staff within each academy can only administer a controlled drug to a pupil once they have had specialist training.

7.4.2 Where a pupil lodges prescribed medication with an academy, WHMAT will make sure that this is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.

7.4.3 Academies will store prescribed medication that is in date and labelled in its original container, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

7.4.4 Pupils can carry controlled drugs if they are competent, otherwise each academy will keep controlled drugs stored securely,

7.4.5 It is the responsibility of parents/ carers, when asked, to collect all medications/equipment at the end of the school term, and to provide new and indate medication at the start of each term.

7.5 **Asthma Inhalers/ Allergy medication**

7.5.1 In line with age appropriate self-management of medical conditions, students with Asthma or serious Allergies, should carry their inhalers or adrenaline injectors with them at all times.

7.5.2 Students deemed to be too young to carry their asthma inhalers or adrenaline injectors will have access to these at all times, in line with each WHMAT academies individual protocol for storage of medication.

7.6 **Unacceptable practice**

7.6.1 School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)

- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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

8. Emergency procedures

8.1.1 Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

8.1.2 If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

9. Record Keeping

9.1 Each WHMAT academy will keep an up-to date record of:

- Any medication administered and by whom;
- Training undertaken
- Individual Healthcare Plans
- Emergencies

9.1.2 The Department for Education's template forms for supporting pupils with medical conditions provide exemplar materials that WHMAT schools may adopt.

9.1.3 IHPs will be recorded on the CPOMS/MyConcern system of each academy.

9.1.4 All information is stored in accordance with data protection guidelines.

10. Monitoring and Review

10.1.1 Each Head of Academy will monitor and review the arrangements within their academy.

10.1.2 The Board of Trustees will review this policy biannually or earlier if necessary

11. Complaints

11.1 Parents/carers with a complaint about their child's medical condition should, in the first instance, raise this with the child's Head of Academy.

11.1.2 If the Head of Academy is unable to resolve the concern, complaints may be made by following the WHMAT Complaints Procedure, a copy of which can be found on the WHMAT website at www.washwoodmat.com

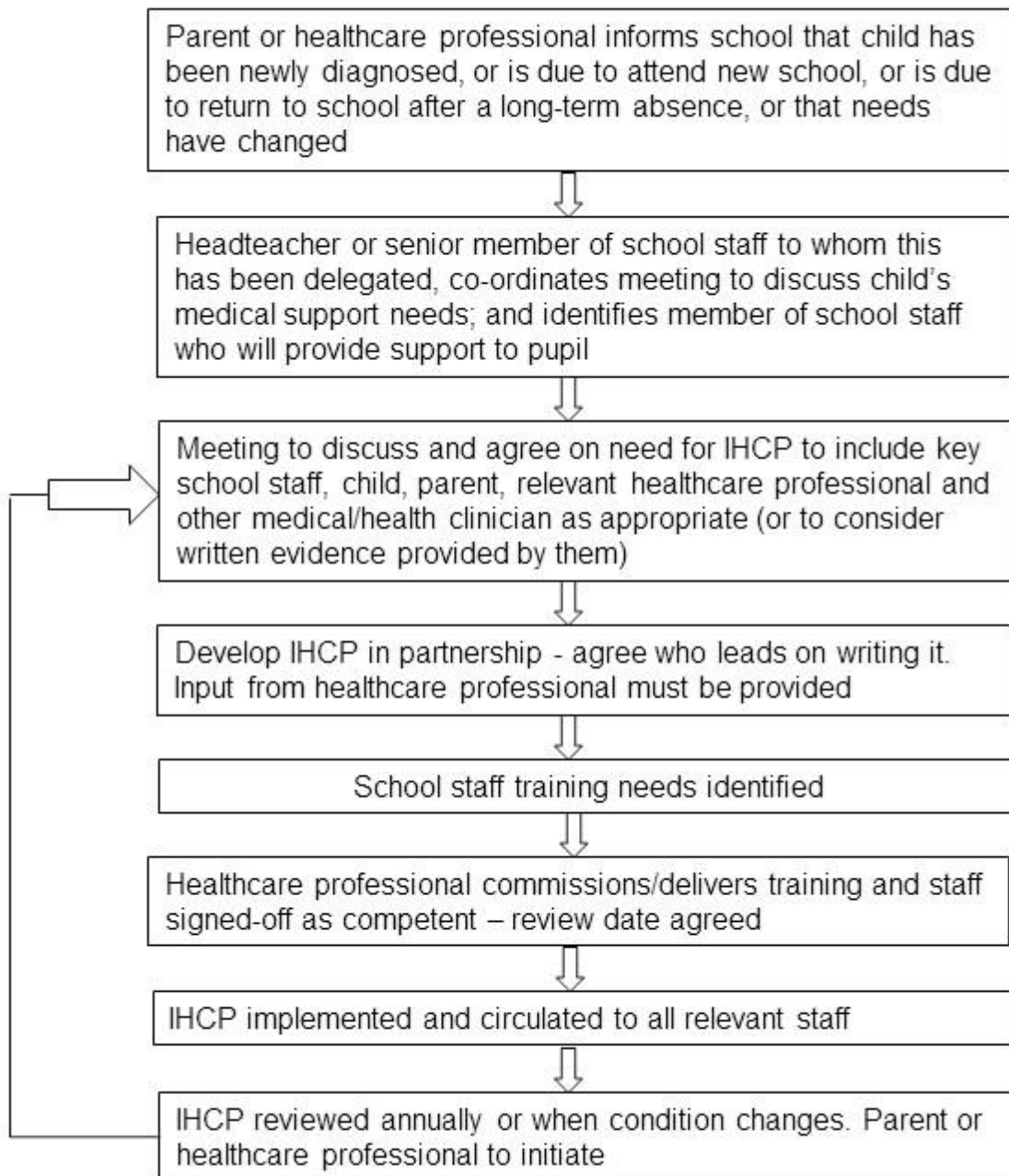
12. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding and Child Protection
- Special educational needs
- BCC The Administration of Medicines in School Settings
- DfE Supporting pupils with medical conditions in school
- DfE Keeping Children Safe in Education
- DfE Working together to Safeguard Children

Appendix 1: Model Process for Developing Individual Healthcare Plans

Annex A: Model process for developing individual healthcare plans



Appendix 2: DFE Supporting pupils with medical conditions templates (December 2015)

A range of model templates are available for schools to adopt should they so wish from the following link in the Department for Education document [Supporting Pupils at School with Medical Conditions](#).

The templates are available via the following link include:

Template A: individual healthcare plan

Template B: parental agreement for setting to administer medicine

Template C: record of medicine administered to an individual child

Template D: record of medicine administered to all children

Template E: staff training record – administration of medicines

Template F: contacting emergency services

Template G: model letter inviting parents to contribute to individual healthcare plan development