

Woodlands Academy of Learning



Supporting Children with Medical Needs Policy (Updated September 2021)

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Statement of intent

The governing board of Woodlands Academy of Learning has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

Woodlands Academy of Learning believes it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

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 minimize the risks of pupils experience these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimize the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHCP) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's **SEND Policy** will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

1. Legal framework

This policy has due regard to **all relevant** legislation and **statutory guidance** including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- **The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)**
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- **DfE (2021) 'School Admission Code'**
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

2. Roles and responsibilities

The governing board is responsible for:

- **Fulfilling its statutory duties under legislation.**
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.

- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher is responsible for:

- **The overall implementation of this policy.**
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nursing service where a pupil with a medical condition requires support that has not yet been identified.

Parents/Carers are responsible for:

- Notifying the school if their child has a medical condition.

- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff are responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

Health & Wellbeing Team are responsible for:

- Notifying school leaders and relevant staff at the earliest opportunity when a pupil has been identified as having a medical condition, which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.

Clinical commissioning groups (CCG) are responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for education, health and care provision (EHCP) for pupils with SEND.

- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the health & wellbeing team and other healthcare professionals, and participating in local outreach training.

The LA is responsible for:

- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- 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.

3. Admissions

Admissions will be managed in line with the school's Admission Policy.

No child will be 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.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school will arrange a meeting with parents/carers, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP (outlined in detail in [section 8](#)).

The school will 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 will be made by the headteacher 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

5. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the health & wellbeing team through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives. The health & wellbeing team will confirm the proficiency in performing medical procedures or providing medication.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Through training, staff will have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training is carried out on a termly basis for all staff, and included in the induction of new staff members.

The health & wellbeing team identifies suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

The Parents/carers of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

6. Self-management

Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.

Where possible and safe to do so, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP will be followed. Following such an event, parents/carers will be informed so that alternative options can be considered.

If a pupil with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action will be taken.

7. Supply teachers

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.
- Covered under the school's insurance arrangements.

8. Individual healthcare plans (IHPs)

The school, health & wellbeing team, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher makes the final decision.

The school, parent/carer(s) and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments.
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this

is used to manage a condition), dietary requirements and environmental issues.

- The support needed for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies.
- Whether a child can self-manage their medication.
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively.
- Cover arrangements for when the named supporting staff member is unavailable.
- Who needs to be made aware of the pupil's condition and the support required.
- Arrangements for obtaining written permission from parents/carers for medicine to be administered by school staff or self-administered by the pupil.
- Separate arrangements or procedures required during school trips and activities.
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition.
- What to do in an emergency, including contact details and contingency arrangements.

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this is used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

Where a pupil has an EHCP, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHCP, their SEND will be mentioned in their ILP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, we will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

9. Managing medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parent/carers written consent, except where the medication has been prescribed to the pupil without the parent/carers knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- **When it would be detrimental to the pupil's health not to do so**
- **When instructed by a medical professional**

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken and the maximum dosage allowed.

Parents/carers will be informed any time medication is administered that is not agreed in an IHP.

The school only accepts medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. Pupils are informed where their medicines are at all times, whether in school or attending a school trip or residential visit. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes are always used for the disposal of needles and other sharps.

Controlled drugs are stored in a non-portable container (locked First Aid Cabinet in the front office) and only named staff members have access; however, these drugs can be easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school holds asthma inhalers for emergency use. The inhalers are stored in the staff PPA room and the main office and their use is recorded.

Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.

10. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies

Parent/Carers are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

Staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis are carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (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.

Pupils who have prescribed AAI devices, and are aged seven or older, are able to keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and central location: the school office.

Designated staff members will be trained on 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. 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, e.g. if 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 **termly** basis to ensure that it remains in date and will be replaced **before** the expiry date. The spare AAI will be stored in the first aid cabinet in the **main office**, 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 is, or 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 Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 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.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the school's Allergen and Anaphylaxis Policy.

11. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in Appendix A, Appendix B and Appendix C of this policy.

12. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents/carers arrive. When transporting pupils with medical conditions to medical

facilities, staff members are informed of the correct postcode and address for use in navigation systems.

13. Day trips, residential visits and sporting activities

Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals.

The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

14. Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

15. Liability and indemnity

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

Woodlands Academy of Learning are members of The Department for Education's (DfE's) Risk Protection Arrangement (RPA)..

Teachers and school staff also have a common law duty to keep pupils safe at school and on school trips.

All medical information will be treated as confidential. The parent should agree with the school as to who has access to the information.

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.

16. Complaints

Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

17. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

18. Defibrillators

The school has an automated external defibrillator (AED).

The AED is situated in the Sycamore Suite opposite the main door.

All staff members 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 school 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, 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.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

19. Policy review

This policy is reviewed on an annual basis by the headteacher a member of the health & wellbeing team and governing board. Any changes to this policy will be communicated to all staff, parent/carers and relevant stakeholders.

The scheduled review date for this policy is September 2022.

Parental Consent Form for Prescribed Medication – Appendix A

Please note that a request for medication to be given by school staff should only be made if no other arrangements can be made by the parents/carers. Medication should be given at regular intervals and therefore may not need to be given in School. Woodlands Academy of Learning will not give your child prescribed medication unless you complete and sign this form. **Only prescribed medication in the original container with the chemist's dispensing label clearly showing your child's name and instructions will be given by Woodlands staff.** Parents are advised that when a child is prescribed medication that they need to give the child the required doses for a full 24 hours before returning them to school and asking for school staff to administer the medication. This is to allow time for the medication to get into their system and any allergies etc. which may occur to become apparent. **Please be aware that a member of the First Aid Team may need to contact you to confirm information before giving your child the medication.**

Details of Pupil:

Child's Name _____ Class _____

Condition or Illness

Medication:

Name (Type) of Medication _____

For how long will your child take this medication? _____

Date dispensed/prescribed _____ Time last dose administered _____

Has your child had this medication prescribed before? Yes
/ No

Has your child ever had an allergic reaction to any medication? Yes
/ No

The medication must be collected and signed for by an appropriate adult at the end of each school day.

Full directions for use:

Dosage and method _____ Timing _____

Special precautions _____

Side effects _____

Procedures to take in an Emergency _____

Contact Details:

Name _____ Relationship to Pupil _____

Daytime Tel. No _____

Address (if different from records) _____

_____ I understand that I must deliver the medicine personally to the Academy Office and sign it in and out each day and I accept that this is a service that the Academy is not obliged to undertake.

Signature _____ Date _____

For School First Aid Team Use Only

Form checked Medicine checked

Signed _____ Date _____

Appendix B: Record of Medicine Administered to an Individual Pupil

Name of pupil:

Group/class/form:

Date medicine provided by parents:

Quantity received:

Name and strength of medicine:

Expiry date:

Quantity returned:

Dose and frequency of medicine:

Staff signature: _____

Parent signature: _____

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:

Date:

Time given:

Dose given:

Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
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Staff initials:			

Date:			
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Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Medication received and returned via the School Office – Appendix C

<u>Date</u>	<u>Childs Name</u>	<u>Class</u>	<u>Name of Medication</u>	<u>Time last dose given</u>	<u>Parent/Carer signature</u>	<u>Staff Name</u>	<u>Medication administered (Time/signature)</u>	<u>Medication returned (Date/signature)</u>

