



Policy For Supporting Pupils At School With Medical Conditions

Introduction

In this policy as in all documents of Rush Common Academy Trust (“RCAT”) any reference to Governors of Rush Common School or Trustees of Rush Common Academy Trust is a reference to the Board of Directors of RCAT and any reference to the Headteacher of Rush Common School is a reference to the Chief Executive Officer of RCAT.

This policy uses the statutory guidance provided by the Department for Education, “Supporting Pupils at School with Medical conditions” (April 2014 statutory guidance for governing bodies/directors of maintained schools and academies in England). This policy deals with the legal framework relevant to medical needs, the responsibilities of different groups and the procedures to follow with regard to the administration of medicines in school.

The school’s policy sets out the procedure to follow whenever Rush Common School is notified that a pupil has a medical condition. The aim of this policy is to ensure that all children with medical conditions are supported in school so that they can achieve their full potential and play an active role in school life.

1. The Legal Framework

Section 100 of the Children and Families Act 2014 places a duty on proprietors of academies to make arrangements for supporting pupils at their school with medical conditions.

2. Key points

- 2.1 Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- 2.2 The Board of Directors must ensure that arrangements are in place to support pupils at school with medical conditions.
- 2.3 The Board of Directors should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

3. Responsibilities

3.1 Directors:

- The Board of Directors must 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 Board of Directors must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- In making their arrangements, the Board of Directors should take into account 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. The Board of Directors should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- The Board of Directors 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.
- The Board of Directors should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

3.2 Headteacher:

- The Headteacher is responsible for implementing the Board of Directors policy in practice and for developing detailed procedures. The Headteacher will have operational overview to ensure:
 - that sufficient staff are suitably trained, and available to support relevant pupils in school or off-site visits;
 - that all relevant staff are made aware of a child's condition.
- The Headteacher has overall responsibility for the development of individual healthcare plans.

3.3 SENCO will have operational overview to ensure:

- that, where appropriate, Individual Healthcare Plans (IHP) are drawn up, implemented and reviewed on an annual basis;
- that when a child leaves the school, his/her most recent IHP is passed on to the next setting.

3.4 Class teachers will ensure:

- that supply staff are made aware of a child's medical condition;
- that risk assessments are in place where appropriate (e.g. off-site visits);
- that necessary medication (e.g. asthma inhalers, Epipens) is taken to off-site visits.

3.5 Designated First Aider will:

- ensure that records are maintained of medication administered at school;
- ensure that prescribed medication is in-date.

3.6 Parents/carers of pupils with medical conditions will be encouraged to:

- provide sufficient and up to date information about their child's needs;
- be involved in the drafting, development and review of their child's IHP;
- ensure that prescribed medication that should be given to the child when at home (e.g. Ritalin) is administered in accordance with medical advice;
- carry out any actions they have agreed in the IHP, e.g. provide medicines and equipment and ensure that they (or another nominated adult) are contactable at all times.

3.7 Staff in general:

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.

4. Individual Healthcare Plans

4.1 When the school is notified that a pupil has a medical condition, the SENCO will make an initial assessment to determine whether an IHP is required. The process for drawing one up is contained in Annex A of this document.

4.2 IHPs should capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the support needed.

4.3 IHPs (and their review) may be initiated in consultation with the pupil's parents/carers, by a member of school staff, or by a healthcare professional involved in providing care to the pupil, and should be drawn up in partnership between these parties (and pupils, where appropriate). They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption.

4.4 Where a pupil is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the IHP identifies the support the child will need to reintegrate effectively.

4.5 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so. Parents should be informed so that alternative options can be considered.

5. Staff Training

Training needs will be reviewed regularly by the SENCO (in liaison with the school's Head of Business and Finance). Training will include the safe keeping

and administration of prescribed medication, and practical support for pupils with physical disabilities. Staff must not give prescription medicines or undertake health care procedures without appropriate training. Training opportunities will be offered to all staff in managing common medical conditions in school (e.g. asthma).

6. Managing medicines on school premises

6.1 Please refer to the Drugs Education Policy for Rush Common School.

6.2 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.
- Only prescribed medicines will be held in school. School will only accept 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 will generally be available to schools inside an insulin pen or pump, rather than in its original container.
- Children should know where their medicines are at all times and be able to assess them immediately. If locked away they should know who holds the key. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available.
- Medicines must be signed in and out by the named First Aider at the beginning and end of each term for safe keeping. It is the parents' responsibility to collect medication at the end of each term and return it at the beginning of the next term.
- First Aiders can only administer prescription medicine which requires four or more doses a day. Parents bringing medicine for their child must hand it directly to the named First Aider; medicines must always be brought in and collected by an adult.
- 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.
- School will keep a record of all medicines administered to individual children, stating what, 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.
- School will actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities.

6.3 A record of all pupils reporting to first aiders must be maintained. Written records are kept of all medicines administered to children.

7. Emergency Procedures

7.1 All staff should know how to call the emergency services. If emergency hospital treatment is necessary, arrangements will be made usually by calling an ambulance. The school office would usually call the emergency services, or be made aware that a call has been made. The site manager should also be made aware of the situation so that the site can be prepared for the emergency services.

7.2 The school will contact the parent/carer to inform them that the emergency services have been called.

7.3 Detailed emergency procedures are included in each child's IHP.

8. General

The Headteacher and school staff will treat medical information confidentially. If it is necessary to let other people know of a condition e.g. on a school trip or residential, the parent's/carer's permission will be requested.

9. Liability and Indemnity

The school takes out insurance through a registered insurance company (see appendix B) which covers staff administering medicines and support to pupils with medical conditions.

10. Complaints

If a parent has concerns about the support of their child with a medical condition, he or she should follow the school's published Complaints Procedure.

11. Review of this Policy

The Board of Directors of RCAT, through its Pupil Support and Welfare Committee, review this policy every three years. It may however review this policy earlier than this if the government produces new regulations, or if it receives recommendations on how this policy might be improved.

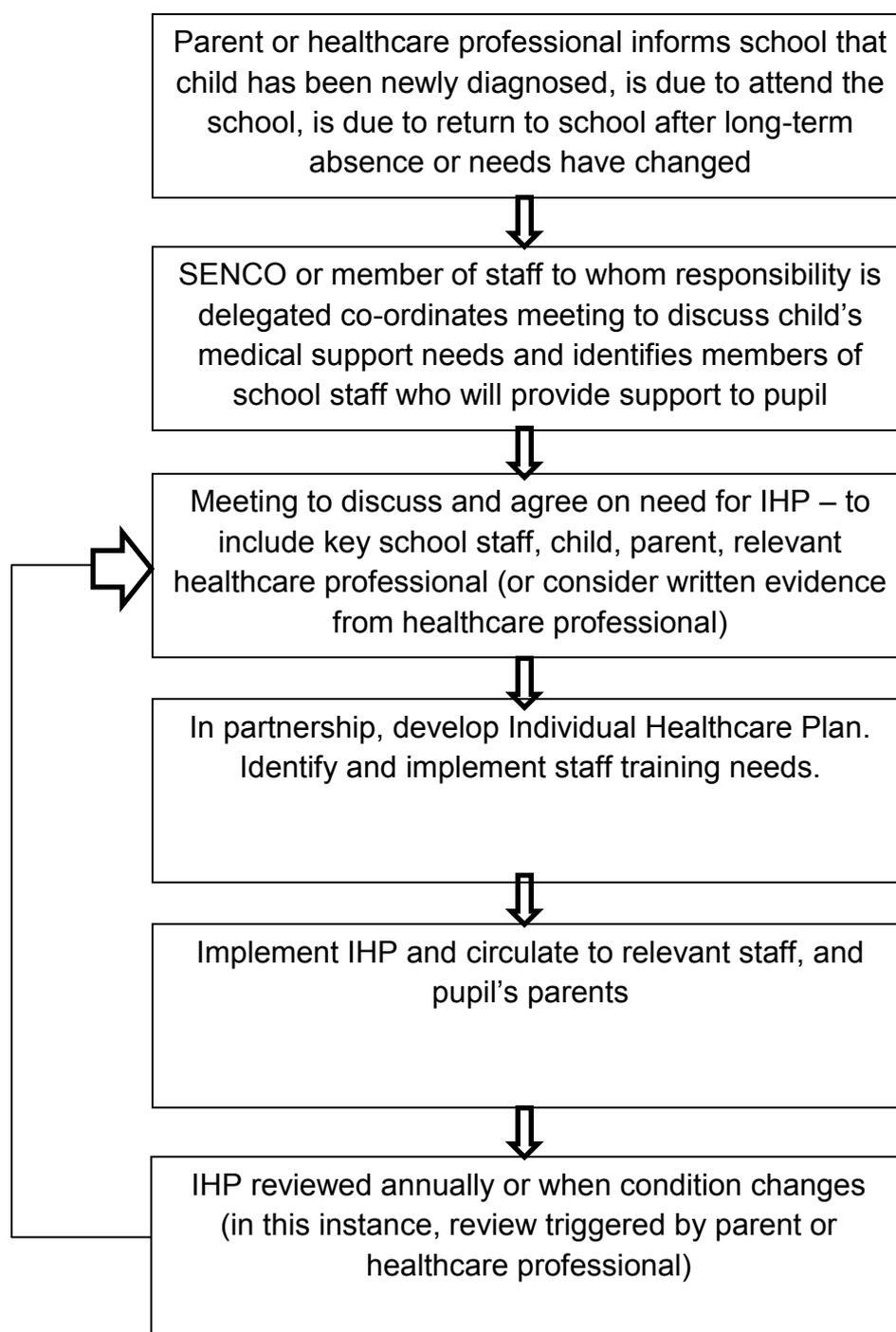
Approved by the Pupil Support and Welfare Committee of the Board of Directors of RCAT on 25 November 2014.

Signed: A Lane (Chair of Board of Directors)

Signed: L Brown (Acting Headteacher)

Date for Review: November 2017

Appendix A: Procedure for developing Individual Healthcare Plans



Appendix B: Liability and Indemnity

Zurich Insurance PLC