



Lime Academy  
Orton

*Putting Children First*

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# **Supporting Pupils with Medical Needs Policy**

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May 2019

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## **Introduction**

Lime Academy Orton is a day special school for children with severe and profound learning difficulties between the ages of 2 to 19. All pupils who attend the school have complex needs, some have significant medical needs, communication difficulties and behaviours that challenge.

This policy will outline how we support pupils with medical needs, complex medical conditions and manage medications.

## **Purpose**

At Lime Academy Orton we aim for the highest quality of provision, underpinned by our mission statement; "Putting Children First".

## **Aims**

This policy aims to ensure that:

- Pupils, staff and parents understand how our school 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

The Medical Welfare Team will implement this policy by:

- Making sure sufficient staff are able to access suitable training
- Making staff aware of pupil's condition(s), where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Developing and monitoring individual health care plans

## **Wider school aims/ethos**

This policy supports our school aim of 'Putting Children First'.

## **Consultation**

This policy was written by Anthony Skipworth, in consultation with:

- Senior Leadership Team – during strategic planning meetings
- Medical welfare team – during meetings
- Governors – full governing body meeting

## Legislation, Sources and references

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

## Principles/values

This policy is based on our commitment to:

- Fairness
- Excellence
- Respectfulness
- Opportunities for all
- Inclusion

## Procedures and practice

### Individual Healthcare Plans

The head teacher and head of standards have overall responsibility for the development of individual healthcare plans for pupils with medical conditions. Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an individual healthcare plan. It will be agreed with a healthcare professional and the parents when an individual healthcare plan would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents 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.

Individual healthcare plans will be linked to a child's Education, Health and Care Plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the Head of Standards, will consider the following when deciding what information to record on individual healthcare plans:

- 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.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the head teacher 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 pupil can participate, e.g. Risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

### **Prescribed Medications**

Prescription medicines will only be administered at school:

- 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.

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

The school 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

### **Non-Prescribed Medications**

Non prescribed medications, such as paracetamol, will be administered with parents prior written consent or verbal permission at the time of administration if the bottle or pack has been supplied or purchased, and is used only, for that individual pupil.

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

We reserve the right not to administer a non-prescribed medicine in the event that there is a doubt about the nature of that medicine, where such doubt exists we may seek further professional advice before administration.

### **Controlled drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

There may be times, such as school outings, when it is necessary for staff to carry on their person a pupil's controlled drugs. This will be risk assessed and it is the responsibility of the named member of staff to know where those medications are at all times. All other controlled drugs are kept in a secure cupboard in the medical room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **Administration of All Medications**

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.

All medicines will be stored safely within a locked medical cupboard that is bolted to the wall, the key is kept within a code locked box on the wall. Pupils and families will be informed about 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 will always be readily available to pupils and not locked away.

All medications will be signed in and out using our online Medical Tracker software by the medical welfare team. Class teams will bring medications that arrive with pupils to the medical welfare team, or sign them in themselves and store securely in the medical cupboard.

All medicines will only be administered when the above checks have been completed by two school staff and any individual administering medication must be witnessed by a member of school staff.

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

### **Unacceptable practice**

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Fail to follow advice provided either in an individual healthcare plan or as part of a face to face training session.
- Fail to report in a timely manner any errors in medication administration, care or recording.

- 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 individual healthcare plan.
- 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
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

### **Equal Opportunities**

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

### **Emergency Procedures**

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

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.

These procedures are outlined in our emergency protocol (Appendix I).

### **Training**

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified and mapped out at the beginning of each academic year to provide coverage. This will be a discussion between the Head of Standards, school medical welfare team and the specialist schools nursing team. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head of Standards. Training will be monitored and kept up to date through a spreadsheet shared via the google drive.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the individual healthcare plans
- Help staff to have an understanding of the specific medical conditions they are being asked to support, their implications and preventative measures

Healthcare professionals will provide confirmation of the competency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

### **Record keeping**

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

Individual healthcare plans are kept in a readily accessible place which all staff are aware of.

We write, store and share our individual healthcare plans through an online application called Medical Tracker. This allows us to also track administration of medications, record instances of first aid and accidents and manage medication expiries.

### **Taking medical information on trips**

According to the Royal Society for the Prevention of Accidents (RoSPA) and Forbes solicitors, the medical information you should bring on your trip should include:

- All information relating to each pupil's medical conditions
- All information about any emergency medical treatment
- Any required medication and details of when this should be taken
- GP contact details
- Home telephone numbers/addresses
- Details of any dietary requirements
- Emergency contact details

You have a duty of care under the Health and Safety at Work etc Act 1974, to ensure all school visits are conducted in a suitably supervised and safe environment.

You should minimise any risk so far as is "reasonably practicable" for the activity concerned.

To achieve this, you must be able to show that all necessary preparations have been made, before and during a school visit.

### **Data Protection and GDPR**

According to the Information Commissioner's Office (ICO) medical information is particularly sensitive personal data. You can still take the data off-site as long as you keep it safe.

You should take extra precautions to ensure it is secure. For example, you could use a locked suitcase to store information which is on paper or if you carry the information electronically on a portable device you should ensure the data is encrypted.

Alternatively you could access the information through a remote system using a password, medical tracker or on our google drive.

You must have a 'lawful basis' (reason) to share any personal data, including medical information, under the General Data Protection Regulation (GDPR), which is in force since May 2018. Additionally, as medical information is considered 'special category' data under the GDPR, you'll also need to have a 'condition for processing' in order to share the information. There are two instances where sharing this information can be undertaken without an order;

#### **Legal obligation basis**

This will be the basis we will use for sharing medical data most of the time. This is because, as a school, we are legally obliged to keep our pupils safe and healthy as part of our duty of care.

We shall use this basis when we need to share medical data to fulfil our duty of care, including when sharing with staff members in our school and third parties like health services or sports coaches.

When we are sharing with health services, who will be bound to professional secrecy, this should also fulfil a condition of processing, where sharing the data is necessary for the provision of health or social care, or treatment, or the management of health or social care systems and services.

When we are sharing with school staff members or other third parties not obliged to professional secrecy under law, we use the condition of processing where data sharing is necessary to carry out our obligations under social protection law.

#### **Vital interests basis**

We can share medical data if it's necessary to save someone's life. This basis should be used in emergencies, rather than organising a pupil's medical care in advance.

We shall use this basis in situations involving paramedics or other forms of emergency treatment.

This also fulfils a condition for processing, where sharing this data will be lawful if it's necessary to save someone's life.

### **Liability and indemnity**

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

### **Complaints**

Parents with a complaint about their child's medical condition should discuss these directly with the head teacher in the first instance. If the head teacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

### **Roles and responsibilities**

#### **1. The Head Teacher and Head of Standards:**

The Head Teacher and Head of Standards will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations
- Take overall responsibility for the development of individual healthcare plans
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

#### **2. School Staff:**

- Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **3. The Governors:**

- The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

#### **4. Parents:**

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the individual healthcare plan e.g. provide medicines and equipment

#### **5. Health care professionals:**

- The Peterborough and Cambridgeshire school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

### **Reporting to Parents**

We place highly the benefits of working in partnership with families and these relationships have a huge impact on the effectiveness of our practice. We value our families as experts in their children and understand the pressures they are under to manage their, in some instances, complex medical needs.

We report medical administration and procedures to families in the following ways:

- Daily reporting via home school communication books.
- Phone calls as needed to communicate information.
- Annual review of the child's individual healthcare plan alongside their EHCP, supported by school staff.

### **Monitoring and evaluation**

This policy will be reviewed bi-yearly by the Head of Standards. At every review, the policy will be shared with the governing board.

All teaching staff are expected to read and follow this policy. Head of Standards and the Head Teacher are responsible for ensuring that the policy is followed.

### **Other documents and appendices:**

Appendix I Emergency Protocol

### **Governor approval and review dates:**

This policy was approved by the full governing body in Summer 2019. It is due for review by Autumn 2020.

## Appendix I – Emergency Protocol

# Medical Emergency Protocol

February 2019

- Locate a first Aider and a member of the leadership team.
- Phone the family to let them know what is happening.
- If it is decided to call an ambulance use a mobile phone which are located in Assistants heads Office, Medical room and Staff room, make sure you remain with the patient.
- Ask a colleague to call the office to get a copy of Integris details and a copy of any care plans, let them know that an ambulance is coming and where the patient is to direct them to.
- Phone the family to let them know the decided course of action and were the pupil is going to walk in centre or A and E.
- In most cases a member of staff should accompany the pupil to hospital if taken. They will need to take a copy of the pupils integris contact details and their personal belongings including a phone and money. They should call school when they need picking up.