



**Pace Education™**

*Providing Young People with a Brighter Future!*

# Pace Independent Special School Supporting Students with Medical Needs Policy

<b>Date Published:</b>	April 2016	<b>Signed:</b>
<b>Reviewed:</b>	2018, 2020	
<b>Review Date:</b>	April 2021	
This policy must be read in conjunction with:		
<ul style="list-style-type: none"><li>• SEND Policy</li><li>• Admissions Policy</li><li>• Safeguarding Policy</li></ul>		

# Pace Supporting Students with Medical Needs Policy

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## Introduction

Section 100 of the Children & Families Act places a duty on all schools to make arrangements for supporting children with medical conditions, and to have regard for the Department for Education's *Supporting Children at School with Medical Conditions* (DfE 2015). This policy outlines how Pace will ensure that all children with medical conditions will be supported to ensure they can play a full and active role in school life, remain healthy and achieve their academic potential.

## Aims & objectives

We have adopted the key drivers of the 'Supporting pupils at school with Medical Conditions' by the DfE as our aims and objectives.

- To ensure students with medical conditions are properly supported so that they have full access to education, including school trips and physical education.
- To ensure arrangements are in place to support pupils at school with medical conditions, including the use of risk assessment and health care plans.
- To work with health and social care professionals, students and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

## Procedure once notification is received

When Pace become aware that a child with medical needs will begin attending Pace or that a child already attending the school has medical needs the Head of Pastoral will be informed. The Head of Pastoral then ensures that all of the relevant staff are notified and begins the process of planning for the child's safe admission to school. Arrangements to support students are ideally in place before they start, or no later than two weeks after their admission.

When a formal diagnosis has not yet been made, or where there is a difference of opinion, the school makes a judgement about what support to provide based on the available evidence- usually some form of medical evidence and consultation with parents/carers. If evidence conflicts, the Head of Pastoral challenges appropriately to ensure that the right support can be put in place.

## Individual Healthcare Plans

Students with medical needs attending the school have an individual healthcare plan where this is required, the plan outlines what needs to be done, when and by whom. The Head of Pastoral will work with parents/carers and healthcare professional to develop healthcare plans. Not all children with medical needs require a plan. Decisions to not make a healthcare plan are recorded appropriately on the child's file. Healthcare plans are reviewed annually or sooner if the child's medical needs have changed.

A model for developing individual healthcare plans is outlined in Appendix 1.

## Children with Special Educational Needs & Disabilities (SEND) and Medical Needs

Some children with medical needs also have SEND. If a child with SEND also has a medical need, and he or she has an Education, Health and Care (EHC) Plan, their individual healthcare plan is part of that EHC Plan. For children who have SEND and a medical need but no EHC Plan, their healthcare plan includes reference to the Special Educational Need or Disability.

## Roles and responsibilities

Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so. Any member of staff must know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Parents/Carers are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs
- Participating in the development and review of their child's individual healthcare plan
- Carrying out any actions they have agreed to as part of the plan's implementation (e.g. provide medicines)
- Ensuring that written records are kept of all medicines administered to children
- Ensuring they or another nominated adult is contactable at all times and contact information is kept up-to-date.

The Proprietors are responsible for:

- Making arrangements to support children with medical conditions in school, including making sure that this policy is in place
- Ensuring sufficient staff have received suitable training are competent before they take on responsibility to support children with medical conditions
- Ensuring that the school's procedures are explicit about what practice is not acceptable
- Making sure it is clear how complaints may be made and will be handled concerning the support provided to children with medical conditions
- Ensuring the school's policy clearly identifies the roles and responsibilities of those involved in the arrangements they make to support children at school with medical conditions.

The Headteacher is responsible for:

- Promoting this policy with the whole staff team, parents/carers, students and agency partners

- Ensuring the training needs of all staff are met, including the whole school staff regarding this policy, First Aiders trained by the school as well as individual members of staff with responsibility for individual children
- Cover arrangements to ensure availability of staff to meet individual children's needs
- Monitoring the provision of individual healthcare plans for those children who require one and undertaking healthcare plan reviews.

The Head of Pastoral is responsible for:

- Taking an operational overview and monitoring role in relation to this policy and school-wide practice in meeting the needs of children with medical needs
- Ensuring all relevant staff are made aware of individual children's needs, and that confidentiality is respected
- Ensuring staff who provide support to this group of children are able to access information and support materials as needed
- Briefing cover staff who are engaged to meet the needs of individual children with medical needs
- Partnership working with the school nurse, including jointly monitoring and reviewing the plans put in place for each student
- Ensuring all children with medical needs have a healthcare plan where appropriate, that it is kept up-to-date, is shared with all the individuals who need to know about it and reviewed at least annually.

Teachers and Support Staff are responsible for:

- Supporting the child as much as possible in self-managing their own condition
- Risk assessment for school visits, school journey and other school activities outside of the normal timetable
- Implementing their actions identified in individual healthcare plans

## Links to achievement and social and emotional wellbeing

There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed. Long-term absences due to health problems may affect attainment, impact on a student's ability to sustain friendships and affect their wellbeing and emotional health. At Pace we work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional wellbeing is minimised.

Pace staff are highly skilled in providing excellent social and emotional support. Our team will develop bespoke programmes to support transition following a period of absence working with outside agencies where appropriate.

## Procedures for managing medicines

Medicines are only to 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 is given prescription or non-prescription medicines without their parent's written consent (see Appendix 2: School Medication Consent Form), or given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, is never administered without first checking maximum dosages and when the previous dose was taken.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- We 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 only exception to this is insulin which must still be in date, but will generally be available to us inside an insulin pen or a pump, rather than in its original container)
- All medicines are stored safely. Students know where their medicines are at all times and are able to access them immediately. Medicines

and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens ( Epi-pens ) are always readily available to students and not locked away. These also must be accessible on school trips

- 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. Where students are able to manage and administer their own medication we require parental consent (see Appendix 3: Self-Manage Medication Consent). Otherwise, we keep controlled drugs that have been prescribed for a child securely in a non-portable container and only named staff have access. A record is kept of any doses used and the amount of the controlled drug held in school.
- Staff may administer a controlled drug to the child for whom it has been prescribed, doing so in accordance with the prescriber's instructions. We keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Children sign the drug log when the medicine has been administered. Any side effects of the medication are also noted (see Appendix 4: Drug Log)
- When no longer required, medicines are returned to the parent/carer to arrange for safe disposal. Sharps boxes are used for the disposal of needles and other sharps.

## Emergency procedures

Where a child has an individual healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school know that they should inform a teacher immediately if they think help is needed. If a student needs to be taken to hospital, staff stay with the child until the parent/carer arrives, or accompanies a child taken to hospital by ambulance.

## Extra-curricular activities

Staff are fully committed to actively supporting students with medical needs to participate in the full life of the school including trips and visits. Healthcare plans clearly outline how a child's medical condition will impact on their participation, but there is flexibility for all students to participate according to their own abilities and with reasonable adjustments (unless evidence from a clinician states that this is not possible).

Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This includes consultation with the student, the parents/carer and any relevant external agency involved in the care of the child.

## Unacceptable practice

In order to keep all students safe and well we are very clear that the whole team know what **is not acceptable practice**.

**It is not acceptable practice** (unless there is evidence included in the child's individual healthcare plan from a medical professional) 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
- Send students 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 student 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
- Prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition

- Require parents/carers, or make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues
- Prevent students from participating, or create unnecessary barriers to children participating in any aspect of school.

## Support for children with allergies and medical conditions

On receiving information regarding allergies or medical conditions all staff are made aware of the allergy or medical need immediately. The Head of Pastoral will then liaise with families and professionals to develop a healthcare plan and deliver any necessary staff training. Where appropriate the Head of Pastoral will then develop an allergy student profile (see appendix 5) which includes a picture of the student, a description of the allergy and allergic reaction symptoms. Profiles will be shared with all staff and held in the student file.

Parents/carers must provide two Epi-Pens where applicable, one of these should be kept in the students classroom and the other held centrally. The Head of Pastoral will check Epi-Pens routinely to ensure they are 'in date'. Epi-Pens must be taken on school trips and visits and held by an adult who is trained to administer it.

Teachers and support staff will be trained on how to use an Epi-Pen. The Head of Pastoral keeps a list of the staff trained and their training.

## Training

Training to support the school in meeting the needs of children with medical conditions is provided on a regular basis, and from a range of practitioners. Pace undertake whole school awareness training, induction training for new members of staff and training for individually identified members of staff.

We work in partnership with the school nurse to determine what training is required to meet the medical needs of the Pace cohort. We regularly review our training programme in response to changes in staffing, changes in student population and reviews of healthcare plans.

## Other professionals

Pace work closely with a range of other professionals when supporting a child with medical needs including GPs, school nurses, psychologists and specialist provision in hospitals etc. We have the support of the school nursing service who work closely in partnership with the school and parents/carers.

## Complaints

If students or parents/carers are dissatisfied with the support provided, they should discuss their concerns directly with the Head of Pastoral. If they are unable to resolve the issue through discussion with the Head of Pastoral, they should discuss their outstanding concerns with the Headteacher. Hopefully, the outcome if this will be satisfactory; however, if parents/carers remain concerned they may make a formal complaint via the school's complaints procedure.

## Monitoring and review

Senior leaders review and implement the medical needs policy and procedures. Whole school data on medical needs and the impact of this policy will be reviewed to deliver best practice and comply with statutory requirements.

## Appendix 1: Process for Developing Individual Healthcare Plans

Parent or healthcare professional informs school that child has been newly diagnosed, or is due to attend new school, or is due to return to school after a long-term absence, or that needs have changed.

Headteacher or Head of Pastoral coordinate meeting to discuss child's medical support needs; and identifies member of school staff who will provide support

Meeting to discuss and agree on need for IHCP to include key school staff, child, parent, relevant healthcare professional and other medical/health clinician as appropriate (or to consider written evidence provided by them).

Develop IHCP in partnership – agree who leads on writing it. Input from healthcare professional must be provided.

School staff training needs identified.

Healthcare professional commissions/delivers training and staff signed-off as competent – review date agreed.

IHCP implemented and circulated to all relevant staff.

IHCP reviewed annually or when condition changes. Parent or healthcare professional to initiate.

## Appendix 2: School Medication Consent Form

Pupils Name.....

D.O.B.....

Group.....

Name and Strength of Medication.....

.....

Expiry Date.....

How much to give (i.e. dose to be given.....

Route to be given e.g. by mouth.....

When to be given.....

Any other instructions.....

.....

Quantity given to school e.g. number of tablets.....

.....

**N.B. MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE**

Telephone No. of Parent/Carer.....

Name of G.P.....

G.P.'s Contact Number.....

Attach  
Pupils  
Photograph  
Here

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. I will inform the school immediately, in writing, if there is change in dosage or frequency of the medication or if the medication is stopped.

Parent's/Carer's

Signature.....

Date.....

If more than one medication is to be given a separate form should be completed for each.

## Appendix 3: Self-Manage medications consent form

Pupils Name

.....

D.O.B.....

Group.....

Condition or Illness.....

Name & Strength of Medication.....

.....

Expiry Date.....

Telephone No. of Parent/Carer.....

Name of G.P.....

G.P.'s Contact Number.....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to my child to administer his/her own medication.

Parents/Carers Signature.....

Date .....

## Appendix 4: Drug Log

Name of Pupil:..... D.O.B..... Class.....  
 Name and strength of medication:.....  
 Expiry date:.....  
 How much to give:.....  
 Route to be given:.....  
 When to be given:.....

Attach  
 Pupil's  
 Photograph  
 Here

Date									
Time Given									
Dose Given									
Side effects									
Staff Signature Print Name									
Counter Signature Print Names									
Student Signature Print Names									

## Appendix 5: Student Allergy Profile

Pupils Name.....

D.O.B.....

Group.....

Allergic to.....

.....

.....

Allergic reaction  
symptoms.....

.....

.....

.....

Location of Epi-Pens for this  
student.....

.....

Staff trained in use of Epi-  
Pen.....

.....

.....

