

THE SHROPSHIRE GATEWAY EDUCATIONAL TRUST
Supporting Pupils with Medical Conditions

Consultation	Local Governing Bodies
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1.0 Introduction

The Shropshire Gateway Educational Trust (SGET) wishes to ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

This policy has been developed in line with the DfE's guidance reviewed in December 2015: 'Supporting pupils at school with medical conditions'.

Ofsted places a clear emphasis on meeting the needs of pupils with special educational needs and disabilities (SEND), including children with medical conditions.

The SGET is committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe.

The main aims of this policy are:

- To provide individualistic, appropriate support for all pupils with medical conditions.
- To make reasonable adjustments within the SGET to ensure pupils with medical conditions are included in daily activities, school trips and sporting events.
- To provide all parents/carers with the confidence that each member school will provide effective support for their child and ensure their safety.
- To establish relationships with relevant local health services in the implementation of effective support, as well as valuing the views of parents/carers and pupils.
- To effectively manage absences caused by medical conditions, to limit the impact on a child's educational attainment

2.0 Definitions

"Medication" is defined as any prescribed or over the counter medicine.

"Prescription medication" is defined as any drug or device prescribed by a doctor.

A "staff member" is defined as any member of staff employed at the SGET, including teachers.

3.0 Roles and responsibilities

3.1 The LA is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Working with schools in order to encourage pupils with medical conditions to attend full-time.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for 15 days or more due to a medical condition.
- Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans (IHCP) can be delivered effectively.

3.2 The Board of Directors is responsible for:

- Having an overview of arrangements for supporting pupils with medical conditions within its schools and for ensuring that the requirements set out in this policy implemented.
- Ensuring each member school has a named person, who has responsibility for the overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures. (Appendix XXXX)
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.

3.3 The Local Governing Body

The local governing body is responsible for:

- Ensuring that relevant training is delivered to those staff who take on responsibility to support children with medical conditions.
- Arranging appropriate cover in the event of staff absence or turnover to ensure someone is always available, and that supply staff are appropriately briefed.
- Ensuring that all relevant staff are made aware of pupils' individual conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions, are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

3.4 Headteachers

The Headteacher is responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures within their school.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making the relevant members of staff aware of a child's medical condition.
- Developing individual IHCPs.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.

- Contacting the school nursing service in the case of any child who has a medical condition.
- Carrying out appropriate risk assessments when making reasonable adjustments for pupils with medical conditions, to ensure the inclusion of pupils in activities.

3.5 Staff Members

Staff members are responsible for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed and are qualified to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

3.6 School Nurses

School nurses are responsible for:

- Notifying the school when a child has been identified as requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.
- Supporting staff with implementing a child's IHCP, where necessary.

3.7 Parents and Carers

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up-to-date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an IHCP for their child in collaboration with the headteacher, other staff members and healthcare professionals.

3.8 Pupils

Pupils are responsible for:

- Providing necessary information about how their medical condition affects them.
- Being actively involved in discussions about their medical support.

- Contributing to the development of, and complying with, their IHCP.
- Being sensitive to any other pupils with medical conditions.

4.0 Training of staff

- Teachers and support staff will receive training on the Supporting Pupils with Medical Conditions Policy as part of their new starter induction.
- The SGET adopts a whole-trust approach to training, ensuring that all staff employed by the SGET are aware of this policy and of their role when implementing the policy.
- Staff involved directly in supporting pupils with medical conditions will receive regular and ongoing training, as part of their development.
 - The clinical lead for this training is named on the IHCP.
 - No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility, including administering medication.
 - No staff member may administer drugs by injection unless they have received training in this responsibility.
 - Each school will keep a record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

5.0 The role of the child (12 years and older)

Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures, following a discussion with their parents/carers.

Where possible, pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.

If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

Where appropriate, pupils will be encouraged to take their own medication under the supervision of relevant staff.

6.0 Individual Healthcare Plans (IHCPs)

- Where necessary, an IHCP will be developed in collaboration with the pupil, parents/carers, headteacher, special educational needs coordinator (SENCO) and medical professionals.
- IHCPs will be easily accessible to those who need to refer to them, whilst also preserving confidentiality.
- IHCPs will be reviewed on an annual basis, or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an education, health and care (EHC) plan or special needs statement, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, the school will ensure that it works with the LA and health care provider to ensure that the IHCP identifies the support the child needs to reintegrate.

7.0 Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- No child will be given any prescription or non-prescription medicines without written parental consent, except in exceptional circumstances.
- Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- No medication will be given without first checking the maximum dosages and when the previous dosage was taken. Parents/carers will be informed of any given medication.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time with the exception of asthma inhalers which will be sent home, for review, on a termly basis.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence.
- All medications will be stored safely in the school office.
- Pupils will be informed of where they can access their medication. Where relevant, pupils will know who holds the key to the storage facility. Pupils will never be prevented from accessing their medication.
- Medicines and devices such as asthma inhalers, blood glucose testing and adrenaline pens will always be readily available to pupils.
- The SGET or any of its cannot be held responsible for side effects that occur when medication is taken correctly.
- Any medications left over at the end of the course will be returned to the child's parents.

8.0 Administering medication

Teachers and support staff will receive training on the Administering Medication Policy as part of their new starter induction and will receive regular ongoing training as part of their development.

Medications will only be administered at school if it would be detrimental to the child not to do so.

Prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement.

Staff members may refuse to administer medication. If a class teacher refuses to administer medication, the headteacher will delegate the responsibility to another staff member.

Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.

Written records will be kept of any medication administered to children, stating what, how, and the quantity administered, when and by whom.

9.0 Emergencies

- Where an IHCP is in place, it should detail:
- What constitutes an emergency?
- What to do in an emergency.
- Pupils will be 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 child until their parents arrive.

10.0 First Aid

- The headteacher will ensure that an annual risk assessment of first-aid needs is undertaken, appropriate to the circumstances of the member school and the supporting of pupils with medical conditions.
- The Headteacher will ensure that first-aiders are made aware of any pupils with medical conditions and treat them accordingly, should the need for first-aid arise.

11.0 Reasonable adjustments

The SGET will meet its duties under the Equality Act 2010 and ensure that reasonable adjustments are made for pupils with medical conditions.

Each school will be expected to make reasonable adjustments to promote flexibility and encourage pupil participation in day trips and residential visits etc.

12.0 Avoiding unacceptable practice

The SGET considers that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Preventing pupils from easily accessing their inhalers and medication.
- Ignoring the views of the pupil and/or their parents/carers.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Sending the pupil to the medical room or school office alone or with an unsuitable escort, if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.

- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

13.0 Insurance

Teachers who undertake responsibilities within this policy are covered by each school's insurance.

Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions.

For overseas trips and trips that include activities that may be considered as being high risk insurance status will be checked on an individual basis.

Appendix I – Clee Hill Community Academy

Appendix ii – Cleobury Mortimer Primary School

Appendix iii – Lacon Childe School

Appendix iv – Stottesdon C of E Primary School

Implementation Plan

Is training required to implement this policy?

Yes No

If Yes, how will this be delivered and by whom?

To which groups of staff does this policy need to be issued?

All school staff and Trustees.

How will the policy be issued and by whom?

*Via email from Head teachers
Via Chairs of LGB*

Date adopted by Local Governing Body:

Signed (Chair of LGB)

Name of School

Appendix v - Equality impact assessment screening form

Section one: screening for impact				
Name of policy				
Project lead completing assessment:				
Position:				
1. What is the main purpose of the strategy/project/policy?				
2. Who will be the main stakeholders/users of the policy? Please consider the impact of the policy on the different groups of stakeholder /users.				
3. Use the table to show:				
<ul style="list-style-type: none"> ■ Where you think that the policy could have a negative impact on any of the equality strands, that is, it could disadvantage them – if no impact please note the evidence for this. ■ Where you think that the strategy/project/policy could have a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relationships within equality characteristics. 				
	Positive impact	Negative impact	No impact	Reason and evidence (provide details of specific groups affected even for no impact)
Age				
Disability				
Gender				

Gender identity				
Sexual orientation				
Race				
Religion or belief				
4. If you have indicated there is a negative impact on any group, is that impact:				
Legal? (not discriminatory under anti-discriminatory legislation)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Intended?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of impact?			High <input type="checkbox"/>	Low <input type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact you must complete a full equality impact assessment. If not, complete the rest of section one below.				
5. Could you minimise or remove any negative impact that is of low significance? Could you add any additional action to have a positive impact rather than no impact?				
6. If there is no evidence that the strategy, project or policy promotes equality, equal opportunities or improved relations – could it be adapted so that it does? If so, explain how.				
7. Please list the outcome following this equality impact assessment (this could be no changes, some changes, further work needed around particular groups or cease development of the policy).				
Signed:			Date:	