

# MAGDALEN COLLEGE SCHOOL

## **SUPPORTING PUPILS WITH MEDICAL NEEDS IN SCHOOL POLICY** (Statutory Policy – Annual Review)

### **GOVERNORS' EDUCATION & WELFARE COMMITTEE**

<b>Date next due for review by committee</b>	<b>Reviewed by committee</b>	<b>Any Changes YES/NO</b>	<b>Approved by Committee</b>
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## Supporting Pupils with Medical Needs in School Policy

### School Context

The staff at Magdalen College School are committed to providing pupils with a high-quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that pupils with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

### 1.Aims

This policy aims to ensure that:

- Students, 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 school will implement this policy by:

- Ensuring sufficient staff are suitably trained
- Ensuring staff are aware of a student's condition, where appropriate
- Ensuring there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)
- Ensuring effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with the student to ensure the best outcomes are achieved for them

### 2. Principles

This policy and any ensuing procedures and practice are based on the following principles:

- All pupils are entitled to a high-quality education.
- Disruption to the education of pupils with health needs should be minimised.
- If pupils can be in school, they should be in school. Pupils' diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all pupils to attend school.
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a pupil are essential to achieving the best outcomes for the pupil.
- Pupils with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the pupil requires.
- Pupils with health needs should be treated as individuals and offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

### 3. Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short-term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick pupils**, including those who are physically ill or injured or are recovering from medical interventions, or
- pupils with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

### 4. Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities as well as additional support and training needs.

#### 4.1 The Governing Body

The governing body is responsible for planning to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support young people with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

#### 4.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there are sufficient trained staff available to implement this policy and deliver against all healthcare plans (HCPs), including in contingency and emergency situations
- Ensure that systems are in place for obtaining information about a student's medical needs and that this information is kept up to date

#### 4.3 School Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

The Pastoral Support staff, SENDCO and the Outreach Learning mentor will work collaboratively to ensure the needs of pupils with an HCP are met.

#### 4.4 Parents/Carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions and be involved in the development and review of their child's HCP. Parents/carers are expected to carry out any action they have agreed to as part of the implementation of the IHP e.g., provide medicines and equipment. Parents are expected to keep the school informed about any changes in their child's condition or in the treatment their child is receiving,

including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies. Pupils are expected to comply with their IHPs.

#### **4.5 School nurses and other healthcare professionals**

The Pastoral Support Assistants will notify staff when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible.

Healthcare professionals, such as the visiting NHS School Immunisation Service will liaise with the Pastoral Support Manager and provide the programme for vaccinations.

GPs and paediatricians may liaise with the Pastoral Support Manager to develop healthcare plans.

The 0-19 school nursing team will develop allergy action plans for pupils with severe allergies or anaphylaxis

The 0-19 school nursing team may be available, on request, to support pupils with regard to mental and sexual health issues.

### **5. Responsibility for medical policy implementation**

The named person in school with responsibility for medical policy implementation is Leah Martindale, Pastoral Deputy Head.

The member of staff responsible for ensuring that pupils with health needs have proper access to education is the Pastoral Deputy Head. The Pastoral Deputy Head will work closely with Inclusion staff and the Pastoral Support Assistants to ensure the needs of the pupil are met. It will be the responsibility of the Pastoral Support Assistant and the Outreach Learning Mentor to pass on information to the relevant members of staff within the school. This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance students' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

### **6. Staff training and support**

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Staff who volunteer to assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Health Service/St John Ambulance Service. This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

### **7. School Procedures**

#### **7.1 Notification**

Information about medical needs or SEND is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the student attends school to ensure a smooth transition.

Any medical concerns the school has about a student will be raised with the parents/carers and discussed with the NHS school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances, the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

## **7.2 Record Keeping**

At the beginning of each school year or when a child joins the school, parents/carers are asked for information regarding medical conditions, including asthma, on their enrolment form.

Parents/carers will be expected to complete a new Health Care Plan (HCP) and the appropriate medication forms at the start of the new academic year. These will be returned to school with the appropriate medication. Parents/carers are responsible for ensuring expiry dates are appropriate.

Prescribed medications including epipens and completed paperwork will be returned to parents/carers at the end of the academic year. Parents/carers will be contacted to arrange collection of medication.

## **7.3 Healthcare Plans**

Not all children with medical needs will require a healthcare plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Pastoral Deputy Head will take a final view.

Healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom.

Healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are 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 well-being and minimises disruption.

Where a child has SEN but does not have an EHC plan, their special educational needs will be referred to in their healthcare plan. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan will be linked to or become part of that EHC plan.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

## **7.4 Pupils too ill to attend school**

When pupils are too ill to attend, the school will establish, where possible, the amount of time a student may be absent and identify ways in which the school can support the student in the short term (e.g., providing work to be done at home in the first instance). The school should make a referral to the Inclusion Co-ordinator as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, the Outreach Mentor and the relevant medical professionals.

## **7.5 Pregnancy**

Young women of compulsory school age who are pregnant are entitled to remain at school whenever and for as long as possible. The school will make reasonable adjustments to enable young pregnant women to remain in school. When there is medical evidence that continuing to attend school would be contrary to the young woman's or the unborn child's wellbeing, the school should make a referral for alternative provision or home tuition. Following the birth of the baby, young mothers may benefit from home tuition for a temporary period before they return to school.

## 8 Medicines in school

### 8.1 Non-Prescription Medications

- Where it is appropriate to do so, pupils are encouraged to administer their own medication. Parents/carers will be asked to complete a 'Request to carry own medication' form if they wish their child to carry and administer their own medications while in school (if requested a member of Student Services will witness the administration of the students' own medication then sign the planner or form of consent.). The 'Request to carry own medication' form will be filed in Student Services. A separate form should be completed for each different medication (appendix 2)
- Pupils should only carry enough medication for one day, bearing in mind the safety of the other students.
- Parents/carers should be advised that if their child self-administers medication and this is lost, stolen or broken, the school will follow standard emergency procedures if an emergency arises.
- If a child refuses to take medicine or carry out a medical procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will then be informed so that alternative options can be considered.

### 8.2 Managing prescribed medication

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Medicines will 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 will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

The school only accepts prescribed medicines that are:

- in-date,
- labelled with the pupil's name,
- provided in the original container as dispensed by a pharmacist
- include instructions for administration, dosage and storage.
- The exception to this is insulin which must still be in date but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely. Pupils are informed of where their medicines are at all times and are able to access them immediately. Where relevant, they know who holds the key to the storage facility.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to pupil and not locked away.

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Parents will be informed.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so and carry the appropriate completed paperwork but passing it to another child for use is an offence. Otherwise, the school will keep controlled drugs that have been prescribed for a student securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. See appendices 2 and 3.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. Two members of staff will work together to administer a controlled medication to a pupil. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom (see appendix 4). Any side effects of the medication to be administered at school should be noted.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

### **8.3 Procedures for prescribed medication**

Medication will only be accepted in school if it has been prescribed by a doctor. The school will inform the trained Pastoral Support Assistants of any pupil, who has been prescribed a controlled medication e.g. Methylphenidate (e.g. Ritalin, Equasym). Controlled drugs are subject to the prescription requirements of Drugs Regulations. The prescribing doctor is responsible for informing the patient when a drug belongs to this group. They are most unlikely to be prescribed to children at school except Methylphenidate (e.g. Ritalin, Equasym). Insulin must be in date and will generally be available inside an insulin pen or pump, rather than in its original container.

Medication will not be accepted anywhere in school without complete written and signed instructions from parents. A form for this is available from the school website, reception or Student Services.

Only reasonable quantities of medication should be supplied to the school by a responsible person and recorded in the Medication Administration Records File. GP's can be asked to issue "split prescriptions". These provide medication for use in school to be issued in separate packages from that used at home.

The school will not accept items of medication which are in unlabelled containers or out of date.

Epipens and asthmatic inhalers are lifesaving medication; therefore these should be carried by the pupil throughout the day. All epipen and inhaler users must supply the school with two labelled spares which will be stored in Student Services on the Waynflete site and in administration office at St Johns. All staff undergo annual Epipen Training.

Each item of medication must be clearly labelled with the following information:

- Pupil's name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements
- Expiry date (if available)

Unless stated otherwise, all medication to be administered in school will be kept in a designated clearly identified locked cupboard.

It is illegal to recycle any drugs or to give one person's medication to another, no matter what the circumstances. Medication can only be given to the person for whom it is prescribed.

The school may provide parents/carers with details of when medication has or has not been administered to their child.

It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements or the discontinuation of the pupil's need for medication.

It is illegal to recycle any drugs or to give one persons' medication to another, no matter what the circumstances. Medication can only be given to the person for whom it is prescribed.

## **9 Pupils with Asthma**

The school recognises that asthma is a widespread, serious but controlled condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. The school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. MCS has several trained first aiders.

Immediate access to reliever medicines is essential. Pupils with asthma are required to carry their reliever inhaler at all times.

Parents/carers are asked to ensure that the school is provided with two labelled spare reliever inhalers in case the pupils own inhaler runs out or is lost or forgotten which will be kept in Student Services at Waynflete and in the administration offices at St Johns.

All inhalers must be labelled with the child's name, found inhalers are handed into Students Services, but without a name we cannot return it to the owner.

School staff are not required to administer asthma medicines to pupils (except in an emergency). Pupils will be allowed to take their own medicines when required and staff will assist where necessary and in agreement with this policy.

## **10 Emergency Situations**

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## **11 Day trips, Residential and Sporting Activities**

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, staff will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests. Separate formally agreed arrangements are acceptable on educational visits that involve an overnight stay. However, there may be occasions when it may not be possible to include a student on a school trip if appropriate supervision cannot be guaranteed.

## **12 Unacceptable practice**

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send pupils 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 HCPs
- If the student 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
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent /carer 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 participating in any aspect of school life, including school trips, e.g., by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## **13 Liability and Indemnity**

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.



## **14 Complaints**

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.



# Magdalen College School Health Care Plan

Child's Name	
Tutor Group	
Date of Birth	
Child's Address	
Medical diagnosis or condition	
Date	
Review Date	

## Family Contact Information

Name	
Phone no (work)	
Phone no (home)	
Phone no (mobile)	

Name	
Phone no (work)	
Phone no (home)	
Phone no (mobile)	

## Clinic/Hospital Contact Information

Name	
Phone no	
GP	
Name	
Phone No (work)	

**Describe medical needs and give details of child’s symptoms**


**Daily care requirements (e.g. before sport/at lunchtime)**


**Describe what constitutes an emergency for the child and the action to take if this occurs**


**Follow up care**


**Who is responsible in an emergency situation (state if different for off-site activities?)**


**Form copied to:**


<b>Appendix 2: Request for child to carry own medication</b>
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**This form must be completed to parents/carers**

Child's Name	
Tutor Group	
Address	
Name of Medicine	
Procedure to be taken in an emergency	

**Contact Information**

Name	
Daytime Tel. No.	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary

Signed: .....

Date: .....

*If more than one medicine is to be given, a separate form should be completed for each one*

### Appendix 3: Parental agreement for school to administer medicine

Parental agreement for school to administer prescribed medicine. Please supply clearly labelled medication with this form

The school will not give your child prescribed medicine unless you complete and sign this form. The school has a policy that trained staff can administer medicine.

**Prescription medicines must be in the original container as dispensed by the pharmacy**

Name of School	Magdalen College School
Student's Name	
Date of Birth	
Tutor Group	
Medical Condition or illness	

#### MEDICINE

Name/type of medicine as described on container	
Date dispensed	
Expiry Date	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Self administration	Yes/No (delete as appropriate)
Procedures to take in an emergency	

#### CONTACT DETAILS

Name	
Daytime telephone no	
Relationship to student	
Address	

I understand that I must deliver the prescribed medicine personally to Student Services and accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed: ..... Date: .....

<b>Appendix 4: Medication Administration Record</b>
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Student's Name		Tutor Group	
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Medication		Time to be given		Date cancelled	