



# Range High School

## **SUPPORT FOR PUPILS WITH SPECIFIC ADDITIONAL NEEDS, INCLUDING MEDICAL NEEDS POLICY**

Person responsible for Policy: Headteacher

Date of next review: June 2018 – This policy is to be reviewed every 3 years (major changes will be brought to the governors' attention as, and when they occur)

**RESPONSIBILITY FOR THIS POLICY HAS BEEN DELEGATED TO THE HEADTEACHER**

This policy should be read in conjunction with the following policies:

Other safeguarding policies

SEN Policy

Equality Policy

Complaints Policy

"Supporting pupils at school with medical conditions" (September 2014)

## A. Contents

- A. Contents
- B. Introduction
- C. Roles and Responsibilities
- D. Pupils with Special Educational Needs (with Statements or EHC Plans)
- E. Pupils with Medical Needs
- F. Pupils with Additional Needs (no Statement or EHC Plans)
- G. Pupils with Behavioural / Social Needs
- H. Complaints

## B. Introduction

1. Range High School uses the UNICEF Convention on the Rights of the Child as the basis for the development of its policies. Pupils have identified 5 Articles from the charter to which they wish to give prominence in the school. These are:

- 1. Article 28: Every child has the right to learn and go to school**
- 2. Article 12: Every child has the right to say what they think in matters concerning them and to have their views taken seriously**
- 3. Article 19: Every child has the right not to be harmed**
- 4. Article 23: Every child has the right to have special care and support according to individual needs.**
- 5. Article 29: Every child has the right to be the best that they can be.**

**Key to this policy is Article 23: Every child has the right to have special care and support according to individual needs.**

2. The school has a long history, as a former Designated School for Pupils with Physical Disability, of supporting pupils with additional needs, including complex medical needs. This support takes the form of support with learning and support with the management of medical conditions. The school employs a Registered General Nurse (“The Nurse”) as well as working with the NHS School Nurse Service. Our aim is the successful integration of all pupils with additional needs into our school community so that they can learn and succeed academically and socially on a par with their peers.

3. This policy primarily addresses medical needs, but the school will take a similar approach as appropriate to other additional needs. Some pupils with medical needs may also have other needs which may form part of a Statement of Special Needs or an Educational and Health Care Plan. The school will keep an up to date register with a number of distinct sections:

- a) the Special Educational Needs Register
- b) the Medical Needs Register
- c) the Additional Needs Register
- d) the Social and Behavioural Needs Register

4. The school believes it best supports pupils when

- We have clear information about additional needs, including medical needs
- We are clear about our individual and collective responsibilities
- We work effectively with pupils, families and partner agencies to agree and co-ordinate support
- Staff are well trained to deliver the appropriate support
- There are robust systems to check that our work is effective and has the desired outcomes

## **C. Roles and responsibilities**

### **1. The Governing Body**

- a) should ensure a policy for supporting pupils with medical conditions in school is developed and implemented. This policy should be reviewed periodically and should be readily accessible to parents.
- b) should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- c) should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions and other additional needs
- d) should 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.

### **2. The Headteacher**

- a) should ensure that their school's policy is developed and effectively implemented with partners.
- b) should ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- c) should ensure that all staff who need to know are aware of the child's condition.
- d) should ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- e) has overall responsibility for the development of individual healthcare plans, but will delegate this to the Associate SENCO in the first instance.
- f) should make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

### **3. Teaching and Associate Staff**

- a) may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- b) 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. The SENCO**

- a) Is responsible for the overall provision of support for pupils on the School's SEN Register. (S)He may work with the Nurse, the Associate SENCO, the School Nurse Service and the LA to ensure appropriate support is given to each of these pupils.
- b) Is responsible for ensuring all those who directly support a pupil on the School' SEN Register receive appropriate training

c) Is responsible for reviewing the support for pupils on the School's SEN Register.

#### 5. The Associate SENCO

a) Is responsible for the creation of Individual Healthcare Plans (IHP) for all pupils with medical or additional needs, and for reviewing these at least annually.

b) Is responsible for updating the school's Register of Medical and Additional Needs at least annually or whenever a major change occurs and ensuring that it is available to all staff.

c) Is responsible, working with the SENCO, the Nurse and the School Nurse Service, for ensuring that there is appropriate support for pupils on the MAN Register.

#### 6. The School Nurse Service

a) Is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.

b) Can support staff on implementing a child's individual healthcare plan and provide advice and liaison.

### **D. Pupils with Special Educational Needs (with Statements or EHC Plans)**

1. Pupils on the school SEN Register may have a Statement of Special Needs or an Education, Health and Care Plan. This will normally set out their additional needs and the provision expected for them. The terms of the SEND Code of Practice also apply to these pupils and some of them may be disabled and the Equality Act 2010 will also have to be considered.

2. The SENCO and Associate SENCO will be responsible for agreeing and reviewing provision, liaising with pupils, families and other agencies, including the School Nurse Service and Sefton Advisory and Inclusion Service (SAIS), as appropriate.

3. They will undertake enhanced transition visits to any pupils in Y6 who are admitted to the school, where SEN or medical needs are signalled by the primary SENCO.

4. They will liaise, where possible with the relevant partners for pupils who join the school after Y7.

5. They will then be responsible for informing all relevant school staff, including The Nurse where medical care is involved, to ensure that provision is provided effectively.

6. If intimate care is involved the Associate SENCO will ensure a separate Intimate Care Plan is agreed and reviewed annually, and is understood and followed by all appropriate school staff.

### **E. Pupils with Medical Needs**

1. If it is deemed appropriate and proportionate then the Associate SENCO will draft an Individual Healthcare Plan (IHP) in conjunction with The Nurse. This may be done in liaison with the School Nurse Service. The IHP will include, where appropriate:

- a) the medical condition, its triggers, signs, symptoms and treatments;
  - b) 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 eg crowded corridors, travel time between lessons;
  - c) specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
  - d) the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
  - e) who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
  - f) who in the school needs to be aware of the child's condition and the support required;
  - g) arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
  - h) separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
  - i) where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
  - j) what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
2. This will be agreed with the pupil, their family and their Head of House and reviewed at least annually.
  3. If a child has SEN but does not have a Statement or a EHC, this should be mentioned in their IHP. A flowchart for developing an IHP is attached in Annexe A.
  4. Parents will be responsible, once the IHP has been completed, for informing The Nurse or the Associate SENCO if circumstances change. They will also be responsible for providing in-date supplies of any medication. The school will remind them in writing if the supply is likely to run out.
  5. The Nurse will usually be the person responsible for the administration of prescribed medicines. She will liaise with the Associate SENCO, families and the School Nurse Service to ensure any changes are incorporated into the IHP. The Associate SENCO will ensure other staff are trained as appropriate.
  6. The Resources Director will support the Associate SENCO and The Nurse with the organisation of documentation and storage for prescribed medication such as epipens, diabetes medication and inhalers. As Educational Visits Co-ordinator he will be responsible for ensuring staff who accompany pupils off site are aware of medical conditions and emergency treatment, have the appropriate medication and are trained in what action to take.

7. Although school staff cannot be required to administer medicines, they do have to take into account the needs of the pupils they teach, and should know what action to take in an emergency, whether on school premises or not. The School Staff Code of Conduct will reflect this.

8. Any member of staff expected to provide support to a pupil with medical needs will receive suitable training. The Associate SENCO will be responsible for ensuring that staff training is appropriate and up-to-date.

9. The Associate SENCO will ensure that an electronic database of all medical needs is securely maintained and updated on the school's VLE so staff can consult it for information about the pupils they teach.

**10. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training.** In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient. The school will decide this with confirmation from the family and the School Nurse Service. The Educational Visits Co-ordinator will liaise with The Nurse and the Associate SENCO to ensure any staff accompanying pupils off-site have appropriate training.

11. The AHT (Wellbeing) will ensure all staff are aware of the school's policy annually and the Associate SENCO will provide specific whole-school awareness training annually and induction for new staff.

12. The school will allow some pupils to manage their own health needs and medicines. This will be evident in their IHP, and communicated to staff as appropriate.

13. The school has a defibrillator situated in The Nurse's office.

14. A list of staff trained to administer medication, first aid and the use the defibrillator is attached as Appendix D and will be updated by the Associate SENCO annually.

15. The school's policy on the management of medicines is as follows:

**a) No one under the age of 16 will be given prescription or non-prescription medicines without their parents / carer's written consent. The school will write to all parents/carers and ask for written consent. This will be collated by The Nurse and a copy kept in her office. The list can be update through the year and will be reviewed annually.**

b) The school will only accept medicines that are in the original dispensing container and is clearly labelled with the student's name, dosage instructions, contents and expiry date.

c) Normally, the administration of medication will only be done in school at break and lunch times and, in exceptional cases only, immediately before or after school.

d) Range High considers it good practice to allow students, who are able to do so, to manage their own medication. A pupil may have a controlled drug in their possession in school if this has been agreed as part of an IHP and they are competent to administer it. They will be told that passing it to another child for use is an offence and risks exclusion. Parents, however, may wish for a member of staff to supervise the individual whilst this is being done. This can be arranged on request and will be identified in the IHP. If a parent wishes to dispense the medication themselves school will endeavour to meet such requests on a case by case basis.

**e) The school is responsible for**

- Storing all medicines in a secure environment

- Ensuring only trained individuals administer medicines
- Keeping accurate records
- Reminding parents when medication is due to expire or when all medication held has been used (although it will be the parents' responsibility to organise replacements)

#### **f) Parents / Carers are responsible for**

- Ensuring that the child is well enough to attend school
- Providing school with information about their child's medical condition
- In the case of students requiring Epi-pens, to provide school with a copy of the Pupil's previous Care Plan if they are transferring from another school.
- Provide written consent for the administration of medication
- Provide medication which is in date, in its original packaging and contains details of the student, dosage and contents
- Organise replacements when necessary

#### **g) Staff Indemnity**

1. There is no legal duty on school staff to administer medication – this is a voluntary role – however, all staff will be fully indemnified against claims for alleged negligence provided they are acting within their conditions of service and following this policy.
2. Only staff with the appropriate training will be asked to administer medication.

#### **h) Procedures**

1. All medication to be administered must be accompanied by written consent from the parents. This will usually be in the form of a signature on the IHP.
2. Specific consent must be given for each medicine to be administered.
3. Staff will record administration on a form attached to the IHP lodged in The Nurses office. This must be checked prior to administering medication to avoid the risk of double dosing
4. The Nurse, working with the Resources Director, will be responsible for the safe storage of medication.
5. All medicines must be stored in a plastic tub with the student's name clearly marked on the front end of the box.
6. Tubs will be stored in a cabinet with the students' names facing forward
7. Epi-pens will be checked weekly by The Nurse to ensure that they are present in the storage facility
8. All medication will be checked half-termly by The Nurse to ensure that they are present and that they have not expired
9. Parents will be contacted immediately if medication is not present or if the expiry date has passed or is near

#### **i) Epi-pens**

1. Epi-pens will be stored in a clearly marked cabinet in the school's Pupil Reception Office

2. A list of all students who have brought an Epi-pen in to school will be stored in this cabinet
3. All medication will be placed in a plastic tub and with the student's name and a **GREEN CROSS** clearly marked on the front end of the box.
4. Tubs will be stored in the cabinet with the students' names facing forward.
5. The Nurse and the School Nurse Service will be responsible for ensuring that every box contains a "Record Card" and an "A, B, C, D" card.
6. A weekly check will be made to ensure that all Epi-pens are present. This check will be carried out by the School Nurse and verified by the Resources Director
7. Half termly checks will be carried out to ensure that the medication hasn't expired
8. Parents will be contacted immediately if medication is not present or if the expiry date has passed or is near
9. If a student requires emergency use of their Epi-pen, staff should immediately send a student to Pupil Reception to request the medication
10. The Pupil Receptionist will retrieve the correct medication and give it to the School Nurse who will administer the Epi-pen
11. The Pupil Receptionist will then call for an Ambulance and, once more details are known, telephone the student's parents
12. In the event that the School Nurse is unavailable, the Pupil Receptionist will inform a colleague that they are taking the Epi-pen to the student and instruct this person to contact the Caretaking Staff (trained First Aiders) to go to the student's location so that they can administer the medication. Said colleague will also be instructed to telephone for an Ambulance and, once more details are known, telephone the student's parents
13. Following the event, the parents of the student should be asked to arrange for the replacement of the used Epi-pen
14. Designated staff will receive annual training on the administration of epi-pens from the PCT School Nurse.

#### **j) School Trips**

1. It is the responsibility of the member of staff organising the trip to ensure that they check the medical needs of the students participating in their activity. They must ensure that, if applicable, all medicines are taken and returned afterwards. Staff will be required to sign out and sign in all medicines with the Resources Director.
2. If an Epi-pen is taken on a journey, the member of staff, if not already trained, must seek advice and training from the School Nurse Service (see the Resources Director) on how to administer the medication. If, for whatever reason, it is impractical for this training to take place then a trained First Aider must accompany the group on its trip.
3. If an Epi-pen is administered then the member of staff in charge must telephone for an ambulance and must inform the parents of the need to use the assigned medication.

#### **k) Intimate or Invasive Treatment**

1. The school will not normally allow these to take place in school, but in exceptional circumstances the Headteacher is authorised to agree to such procedures. Two adults must be present when these take place, at least one of which must be the same gender as the student. This must be recorded on the IHP.
2. Some IHPs may allow for intimate care such as toileting and sanitary protection. These will be agreed beforehand and reviewed annually.

### **l) Emergencies and Off-site procedures**

1. The IHP 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.
2. 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.
3. Staff will make all reasonable adjustments to enable pupils to participate in school trips, visits and sporting activities. Risk assessment and consultation with parents/carers will be undertaken wherever possible.

### **m) Unacceptable practice**

In accordance with statutory guidelines this policy also clarifies practice which is not acceptable.

It is not acceptable 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 (although this may be challenged);
- send children 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 child 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, eg 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.
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

## **F. Pupils with Additional Needs (no Statement or EHC Plans)**

1. Pupils with additional needs who do not have a Statement, EHC or IHP will be included on the school's additional needs section of the school's register, with details of how they are to be supported.
2. The Associate SENCO is responsible for keeping this register up to date and liaising with staff as appropriate.

## **G. Pupils with Behavioural / Social Needs (no Statement or EHC Plans)**

1. Pupils with behavioural / social needs who do not have a Statement, EHC or IHP will be included on the school's behavioural needs section of the school's register, with details of how they are to be supported.
2. The Head of House is responsible for keeping this register up to date and liaising with staff as appropriate.

## **H. Complaints**

The school's Complaints Policy and procedure should be used in the event that a member of the school community has a complaint about this aspect of the school's work.

In order for the school to consider whether or not they agree to a request to give your child medicine during the school day it is necessary for you to complete and sign this form. If school is unable to meet your request you will be contacted and the reasons explained.

**Parental details:**

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Tel No: home: \_\_\_\_\_ work: : \_\_\_\_\_ mobile:  
\_\_\_\_\_

**Pupil details:**

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Class: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

**Doctor's details:**

Name: \_\_\_\_\_ Tel. number: \_\_\_\_\_

Surgery: \_\_\_\_\_

Is a doctor's note provided? Yes / No

**Medication: (ONLY ONE TYPE OF MEDICINE PER FORM. IF YOU HAVE MORE THAN ONE THEN PLEASE COMPLETE THE APPROPRIATE NUMBER OF FORMS)**

Name/Type of Medication: (as described on container): \_\_\_\_\_

For how long is your child to take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

**Full directions for use:**

Dosage and method: \_\_\_\_\_ Timing: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Side effects: \_\_\_\_\_

Self Administration: \_\_\_\_\_

Procedures to take in an emergency: \_\_\_\_\_

**Emergency contact details:**

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Contact Tel No.: home: \_\_\_\_\_ work: \_\_\_\_\_ mobile: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

'The above information is accurate to the best of my knowledge at the time of writing, and I give consent to the school to administer the medication in accordance with Range High School's Medicines Policy. I will inform the school in writing of any changes to the above information'.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

**Appendix B**

**School Use Only**

**Record of Administering Medication**

This record of administering medication only refers to the medicines recorded overleaf.



**Template individual healthcare plan (IHP)**

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

**Family Contact Information**

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	
Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

List of staff trained to administer medicines as of (date)