

Reference DCYP Interim Policy Directive 3.2.4 (V2.1 Sep 16)

Akrotiri School is an inclusive community that welcomes and supports pupils with medical conditions and provides pupils with medical conditions the same opportunities as other children at school.

Key points:

- * We make sure all staff understand their duty of care to children and young people in the event of an emergency.
- * All staff feel confident in knowing what to do in an emergency.
- * This school understands that certain medical conditions are debilitating and can be potentially life threatening, particularly if poorly managed or misunderstood.
- * Our school staff understand the importance of medication and care is taken when agreeing healthcare plans with parents to include appropriate advice from health professionals.
- * All staff understand which medical conditions affect which pupils at this school. Staff receive training on the impact medical conditions can have on pupils.
- * The named member of school staff responsible for this policy and its implementation is Amanda Skinner – SHEF Representative

School Policy Framework

The school policy follows the DCYP/MOD schools policy directive – ‘Supporting pupils at school with medical conditions’ 2016.

1. This school is an inclusive community that supports and welcomes pupils with medical conditions and arranges for them to have the same opportunities and access to activities (both school based and out-of-school) as other pupils.

1.1 This school will listen to the views of pupils and parents to ensure that the level of care is appropriate to a child’s needs.

1.2 Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child’s quality of life and impact on their ability to learn.

1.3 All staff understand their duty of care to children and young people and know what to do in the event of an emergency.

1.4 We work with MOD commissioned health providers to understand and support individual healthcare plans.

1.5 This school understands that all children with the same medical condition will not have the same needs.

1.6 The school recognises that while the duties in the Children and Families Act (England only) and Equality Act (England, Wales and Scotland) are not incorporated into service law they do relate to

children with a disability or medical condition and as such we will make reasonable adjustments within the local context of overseas locations.

2. This school's medical conditions policy involves pupils, parents, school staff, members of the SGC, and where available MOD commissioned school nurses and other relevant supporter organisations.

3. All children with a medical condition requiring medication will have an individual healthcare plan (IHP), detailing exactly what care a child needs in school, when they need it and who is going to give it. Children who do not require medication may not require an IHP but instead will have their medical condition and any special considerations to ensure inclusivity and that the child's needs are met; made available to all invested adults by way of the school data base.

3.1 The IHP includes information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

3.2 The IHP is drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals and any specialists that a child may have.

3.3 Parents at this school understand that they should let the school know immediately if their child's needs change.

4. All staff understand what to do in an emergency for children with medical conditions at this school.

4.1 All school staff, including temporary or supply staff, are appropriately aware of health care plans at this school and understand their duty of care to pupils in an emergency.

4.2 All staff receive training in what to do in an emergency and this is refreshed at least once a year.

4.3 A child's IHP should, explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital.

4.4 If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and, depending on the circumstances, staff conduct will be considered.

4.5 All staff understand and are trained in the school's general emergency procedures.

4.6 All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least yearly.

4.7 If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. Staff will not take pupils to hospital in their own car.

5. This school has clear guidance on providing care and support and administering medication at school.

5.1 This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.

5.2 This school will make sure that more than one member of staff has been trained to administer the medication and meet the care needs of an individual child. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. Appropriate levels of insurance and liability cover are in place.

5.3 This school will not give medication (prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.

5.4 When administering medication this school will check the maximum dosage and when the previous dose was given.

Parents will be informed. This school will not give a pupil under 16 aspirin unless prescribed by a doctor.

5.5 This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

6. This school has clear guidance on the storage of medication and equipment at school. Generally, medication is kept in the child's classroom in a dedicated and labelled stowage. Controlled medication such as analgesia are kept securely in the school offices.

6.1 This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities, and is not locked away.

6.2 Pupils may carry their emergency medication with them if they wish/this is age appropriate.

6.3 Pupils may carry their own medication/equipment, or they should know exactly where to access it.

6.4 Pupils can carry controlled drugs if they are competent, otherwise this school will keep controlled drugs stored securely, but accessible, with only named staff having access.

6.5 Staff at this school may administer a controlled drug to a pupil only once they have had appropriate training, e.g. by an appropriate healthcare professional.

6.6 This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.

6.7 This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

6.8 Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.

6.9 This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local healthcare procedures.

6.10 This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

7. This school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training

and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the

requirements set out in the pupil's IHP.

This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent.

The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

8. This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

8.1 This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out of school activities.

8.2 This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

8.3 All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

9. This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

9.1 This school is committed to identifying and reducing triggers both at school and on out-of-school visits, through risk assessment and the OEV process.

9.2 School staff have been given training and written information on medical conditions

9.3 The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

9.4 This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

10. This school has clear guidance about record keeping.

10.1 Parents at this school are asked if their child has any medical conditions on the enrolment form.

10.2 This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.

10.3 This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.

10.4 IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.

10.5 The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.

10.6 This school makes sure that the pupil's confidentiality is protected.

10.7 This school seeks permission from parents before sharing any medical information with any other party.

10.8 This school meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

10.9 This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

10.10 This school makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and this school keeps an up-to-date record of all training undertaken and by whom.

11. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work to ensure that the child receives the support they need to reintegrate effectively.

This school works in partnership with all relevant parties including the pupil (where appropriate), parent, SGC, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

12. Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

This school is committed to keeping in touch with a child when they are unable to attend school because of their condition

13. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

Further information and advice is available from DCYP – targeted services; locally based MOD commissioned health services as well as generally online at www.medicalconditionsatschool.org.uk

Annexe A

Model Process for Developing Individual Healthcare Plans

1 Headteacher or senior member of school staff to whom this has been delegated, co-ordinates meeting to discuss child's medical support needs; and identifies member of school staff who will provide support to pupil



2. 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)



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



4 School staff training needs identified.



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



6. IHP implemented and circulated to all relevant staff



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