



Supporting Pupils with Medical Needs Policy

Name of Unit/Premises/Centre/ School:	South Baddesley C of E Primary School
Name of Responsible Manager/Headteacher:	Mrs Anne Moir
Date Policy approved and adopted:	July 2018
Date Due for review:	July 2021

Introduction

South Baddesley C of E Primary School is an inclusive community that welcomes and supports children with medical conditions.

This policy encompasses the following areas:

- Supporting children with long term medical conditions
- The administration of medication within school
- Supporting children with short term conditions such as fractures or breaks

Statutory requirements

This policy was developed in compliance with the following:

- Section 100 of The Children and Families Act 2014 places a duty the governing body of this school to make arrangements for supporting children at their premise with medical conditions.
- 'Supporting Pupils with Medical Conditions' produced by the Department of Education

We will endeavour to ensure that children with medical conditions are supported :

- to achieve their academic potential
- to enjoy a full and active role in school life
- to remain healthy
- to have full access to education, including school trips and physical education
- in their social and emotional development

Key Roles & Responsibilities

The Parents/Guardians are responsible for:

- Ensuring their child is well enough to attend school
- Providing the school with sufficient and up to date information about their child's medical needs and treatment or special care needed at school.
- Parents are key partners in the development and review of their child's individual healthcare plan (IHP) within school
- Providing school with necessary medicines and equipment
- Ensuring they meet any agreed actions outlined in their child's IHP.

The child's role:

- In agreement with parents, children are encouraged to develop competence and confidence in managing their own medicines and procedures, and to contribute to drafting their IHP. Within our school, this is normally discussed when the pupil reaches year 5/6.

The Governing Body is responsible for:

ensuring that their insurance arrangements provide cover for staff to act within the school of their employment; that the procedures outlined in this policy are followed and that any necessary training is made available to staff.

The Headteacher is responsible for:

- Implementing the policy in practice and developing detailed procedures
- Ensuring sufficient staff are suitably trained and understand their roles in supporting children with medical needs.
- Ensuring all relevant staff are made aware of the child's condition
- Ensuring that supply teachers are adequately briefed,
- Overall responsible for the development of IHP's, however the writing of can be delegated to appropriately trained staff in conjunction with the SENCo.
- Ensuring that all IHC plans are reviewed annually
- Decisions about the day to day administering of medication.

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School staff are responsible for:

- Ensuring they are familiar with the medical needs of all children at school through reading IHPs, including what to do in the event of an emergency
- Ensure they are aware of and have received appropriate training in order to support children, where they are named in the child's IHP.
- Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- Ensure they are familiar with the policy, in particular where it applies to

administering medication.

Other health care professionals are responsible for:

- Notifying the school when a child has been identified as having a medical condition that will require support in school.
- School nurses can liaise with lead clinicians locally on appropriate support for the child and staff training needs.
- GPs and paediatricians may provide advice on developing individual healthcare plans.

Identifying Children with Medical Conditions

We will aim to identify children with medical needs ~~on~~ prior to entry to the school by working in partnership with parents/ carers through our admissions process. Working with parents, we will ensure that an individual healthcare plan has been developed, and that staff received appropriate training, prior to the start of term.

Where this is not possible, such as a new diagnosis, or mid-term transfer we will ensure that wherever possible, arrangements are put in place within two weeks.

Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

We will issue annual medical questionnaires to ensure that we are aware of all medical conditions within school.

Individual health care plans

Children who have long-term, complex, or medical conditions that have a high risk of emergency intervention will have an Individual Healthcare Plan (IHP) This includes children with asthma, severe allergies or anaphylaxis, epilepsy, diabetes and other conditions.

Where children require an individual healthcare plan it will be the responsibility of the SENCO or appropriately trained individual to work with parents, relevant healthcare professionals, and where appropriate the child to write the plan.

IHPs will be kept in a central file, and stored out of site in the child's class, to ensure that emergency procedures are easily accessible. A copy may also be kept, where appropriate, in an anaphylaxis pack and/or on the school bus.

If a child with a medical condition is returning to school after a prolonged hospital stay, or

home tutoring, we will work with the local authority to plan and support a successful reintegration.

IHPs are reviewed annually, in partnership with parents.

IHPs contain (where appropriate):

- *The medical condition, its triggers, signs, symptoms and treatments*
- *The pupils resulting needs including medication, time, facilities, equipment, access to food and drink, environmental issues etc.*
- *Specific support for the pupils educational, social and emotional needs.*
- *Level of support needed including emergencies. Self-managed or monitoring for example.*
- *Who will supply this support, their training needs and cover when they are not available.*
- *Who in school needs to be aware*
- *Written permission arrangements from parents and Headteacher for administering of meds.*
- *School trip or other activity arrangements*
- *Confidentiality issues*
- *What to do in an emergency.*
- *If the pupil travels on school transport to and from school, and how this will be managed.*

Staff training

Specific training to support a particular child's medical needs is identified during the development or review of individual healthcare plans. Where external training is required, we will work with healthcare professionals to ensure staff are confident and competent in delivering the support required. The trained staff will be named on the child's IHP.

Staff must **not** administer prescription medicines or undertake any health care procedures without the appropriate training (updated to reflect any individual healthcare plans)

All new staff will be inducted on the policy when they join the school through their induction. Records of induction will be kept on personnel files.

Existing staff will receive awareness training annually on the policy. We will retain evidence that staff have been provided the relevant awareness training on the policy by having a signature sheet kept in the Health and Safety Training folder. Records of any other training will be stored in the Health and Safety Training folder in the office.

Staff administering medication will receive specific training every 3 years by HTLC course or

cluster arranged equivalent 2 day training course.

We will retain evidence that staff have been provided the relevant awareness training on the policy by having a signature sheet kept in the Health and Safety Training folder.

Managing medicines on School Premises

- The administration of medicines is the overall responsibility of the parents/carers.
- Medicines should only be administered at school when it would be detrimental to a child's health or attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parent's written consent.
- Prescription medication must be in-date, labelled, provided in the original container as dispensed by the pharmacist and include instructions for administration, dosage and storage. (Insulin may be provided in an insulin pen or a pump)
- The only non-prescription medication that will be administered in school is paracetamol, antihistamines, and travel sickness medication. It must be in-date and in its original packaging, accompanied by the information leaflet.
- Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours.
- Wherever possible, parents will be expected to supply pain relief medications. The school holds an emergency supply of liquid paracetamol, which will only be administered in the event of a parent not be able to attend school within a reasonable period of time. In this instance, parents will be phoned for permission, and will need to provide consent via email.

The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered.

On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

KS2 Children who are able to use their own inhalers themselves are encouraged to carry it with them. In addition to carrying their own inhaler, a named inhaler is also kept in the inhaler box.

The school keeps spare inhalers for use in an emergency. Parental consent for use of the spare inhaler is obtained when the IHP is written. Parents are informed if the spare inhaler has been used.

Storage

All medication other than emergency medication will be stored safely in a locked cabinet, in the office, or where it needs to be refrigerated, in a fridge in the office.

Children will be made aware of where their medicines are at all times.

Emergency medication including, inhalers for asthmatics, injections of adrenaline for acute allergic reactions and injections of glucagon for diabetic hypoglycaemia will not be locked away, and will be easily accessible to staff and children.

Inhalers, including the spare inhalers, are kept on a shelf outside the staff toilet.

Injections of adrenaline for allergic reactions are stored in an allergy pack in the child's classroom and in an additional allergy pack in the hall.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to or in the fridge in the office if requiring refrigeration. We will ensure that the drugs are easily accessible in an emergency situation. A record will be kept of any doses used and the amount of the controlled drug held in school. There may be instances where it is deemed appropriate for a child to administer their own controlled medication. This would normally be at the advice of a medical practitioner.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the Administration of Medicines and Treatment form. Sharps boxes will be in place for the disposal of needles if the need arises. Collection and disposal of these will be arranged locally through the same company who do the sanitary disposal boxes and clinical waste

Medical Accommodation

The school does not have a medical room but medicine will be given by a member of the office staff, in the office, or in a quiet room, such as the changing room/small office, should the office be inappropriate.

Short term medical conditions/Fractures/Breaks/Sprains

Prior to returning to school with a short-term medical condition, fracture, break, sprain, bandage, dressing or crutches, parents **must** contact the school to complete a risk assessment to identify what support needs to be given in school. This must be completed **before** the pupil returns to school.

Record keeping/Data Protection

Parental consent for administering medication, records of administering medication, and tracking of medication are done on the [Administration of Medicines and Treatment form](#) which is kept for 7 years.

Consent to administer the spare inhaler is given on [the Emergency inhaler consent form](#). which is kept for 7 Years. Use of the emergency inhaler is recorded on the [Use of the Emergency Inhaler form](#) which is kept for 7 years.

Copies of the individual healthcare plans are kept in the IHP file, the pupil's classroom, and where appropriate the pupil's anaphylaxis bag and/or school bus. When the plan is updated, one copy is retained for 7 years, the remaining copies are destroyed.

IHPs are shared with all members of school staff. All on site club providers/music teachers/therapists are notified of children on their register who have medical conditions, and are required to read IHPs of children who are attending their club/lessons. They are given copies of IHPs. IHPs may also be shared with paramedics/medical practitioners in the event of an emergency.

Annually, medical questionnaires are sent to parents. Children with an IHP receive the [..Medical questionnaire - children with an IHP form](#). Children without an IHP receive the [..Medical Questionnaire](#). Both questionnaires are kept on file for 7 years.

Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency i.e. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc. that the school holds).

Day trips/off site activities

The organiser of the school trip is responsible for risk assessing the trip, including the participation of children with medical conditions.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. Where necessary we will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

The risk assessment will contain how medication is to be stored on the trip, with particular attention to how emergency medications will be easily accessible throughout the trip, including transport.

Other issues

Some pupils who have medical conditions travel to and from school on the school bus. This

is identified in their IHPs. The drivers of the school buses have been trained in first aid, including administering inhalers, and spare inhalers are carried on each bus. Copies of children's IHPs are carried on the school bus.
Further training will be carried out if the requirement is identified during drafting of IHPs.

Unacceptable practice

Staff are expected to use their discretion and judge each child's individual healthcare plan on its merits, it is not generally acceptable practice 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, 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 should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring parents to accompany the child.

If a child is administered the incorrect medication, or the incorrect dosage the head-teacher and parents must be immediately notified, where appropriate medical advice must be sought, and an investigation undertaken.

Liability and Indemnity

Staff at the school are indemnified under the County Council self-insurance arrangements.

The County Council's is self-insured and have extended this self-insurance to indemnify school staff who have agreed to administer medication or undertake a medical procedure to children. To meet the requirements of the indemnification, we will ensure that staff at the school have parents' permission for administering medicines and members of staff will have had training on the administration of the medication or medical procedure.

Complaints

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Signature of Responsible Manager/Headteacher:	
Date:	

Approved by Governors : July 2018

Review: July 2021

