

Ashford CE Primary School



Supporting Pupils with Medical Conditions Policy

New Policy: September 2014

Ratified 16 October 2014 by Families and Community Committee

Approved by FGB: 4 December 2014

Supporting Pupils with Medical Conditions policy

Definition

Pupils' medical needs may be broadly summarised as being of three types:

(a) **Short-term**, affecting their participation in school activities while they are on a course of medication.

(b) **Long-term**, potentially limiting their access to education and requiring extra care and support.

© **Emergency**, potentially requiring the involvement of emergency services and hospitalisation of the child.

Responsibilities

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the school is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required requiring flexibility and may include part time education or some alternative provision. Ashford CE Primary School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need. The Headteacher is responsible for the implementation of this policy.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. **Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site. The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals, Social care professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, class mates). Where there may be conflicting advice, the Head teacher will make a judgement based on the available evidence and if necessary challenge those offering conflicting advice.

Our Aims

The primary aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. This achieved by:

- Supporting pupils with medical conditions, so that they have full access to education, including physical education and educational visits
- Ensuring school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- Complying fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.

- Writing, in association with healthcare professionals, Individual Healthcare Plans where necessary, agreeing them with parents and reviewing at least annually responding sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- Keeping, monitoring and reviewing appropriate records
- Assessing social and emotional implications for a pupil with medical needs e.g. bullying, anxiety, depression
- Supporting reintegration of a pupil who has had extended absence as a result of their medical condition
- Reducing the impact on academic attainment, emotional and social well being of a pupil who needs frequent medical appointments

Unacceptable Practice

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers; or ignore medical advice 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 a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan / Medication form
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine or provide medical support, including toileting issues where this interrupts their working day
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part

Entitlement

Ashford CE Primary School provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs, as follows:

Employees may:

- Choose whether or not they wish to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with medical conditions

Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child. The SENCO/ Inclusion Leader or Headteacher will meet with family initially to investigate the child's needs and evaluate next steps.
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- Ashford CE Primary School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil. This will include ensuring there are adequate contingency arrangements in place if the trained member of staff is absent and for emergencies
- Transitional arrangements between schools will be completed in such a way that Ashford CE Primary School will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare
- Individual Healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals
- Any member of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. Supply teachers will be informed accordingly.
- Whole school awareness training will take place annually and all new staff will receive training as part of their induction.

Procedure

The Governing Body of Ashford CE Primary ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions. See the schools insurance policy, including Health and Safety and Employment support. (policy held by the School Business Manager)

Information

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in the medical room and the red medical bags clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's SIMs records and this information will be provided to class teachers annually.

In an emergency

In a medical emergency, at least ten members of staff at any one time will have been appropriately trained to administer paediatric first aid if necessary.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred

- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

Administration of medicines

Medicines will only be administered at school when it is detrimental to a child's health or school attendance not to do so. These will be only those prescribed by a doctor. Parents must submit a school medication consent form before any medicine is administered. All medication is to be handed to the school office manager in the first instance who will log it into the schools records and check documentation. Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit. Named staff members will give medicines (see end of Policy). Before administering any medicine, staff must check that the medicine belongs to the child, must check that the dosage they are giving is correct, and that written permission has been given. Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. All doses administered will be recorded in the child's medication log.

Most medicines (inhalers, epipens etc) will be kept in the child's classroom in the red medical bag and carried with the class, for ease of access during outside activities.

Medicines needing refrigeration will be stored in the fruit fridge. If this medicine is required on a trip it will be packed into a cooler bag with ice block. All medicines must be clearly labelled.

Controlled drugs will be kept in the locked cabinet in the medical room. Access to these medicines is restricted to the named persons. Staff will record any doses of medicines given in the child's medication log. Children may self-administer asthma inhalers but this must be recorded. Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

Epi-pen – Epi-pens are stored in slightly oversized plastic storage boxes in the red medical bag as when the epi-pen has been used often the needle does not retract. Staff must take care with the exposed needle and the epi-pen must be replaced in the plastic box after use and taken with the child in the ambulance. Any member of staff can administer an epi-pen in an emergency.

The pen (cap off) should be pushed against the child's thigh, through clothing if necessary. The pen should be held for a count of 10 seconds before being withdrawn. Ambulances must be called for a child who may require an epi-pen. Some children have Cetrizine that may be given if slight tingling of the lips occurs following ingestion of possible irritants for nut allergy sufferers. This is a liquid medicine stored with the epi-pen. If symptoms are more severe, the epi-pen should be given immediately. An ambulance must be called immediately. Parents should be contacted after this call has been made.

Complaints

Should parents be unhappy with any aspect of their child's care at Ashford CE Primary, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the

unlikely event of this not resolving the issue, the parents must make a formal complaint using the Ashford CE Primary Complaints Procedure.

Trained Staff

Paediatric First Aid:

All Admin Support Staff, Caretakers, Teaching Assistants and the Headteacher are trained paediatric first aiders

Named people for administering medicines:

Mrs Lisa Jackson

Mrs Linda Duguid

Mrs Teresa Petre

Mrs Caroline Dyer

Miss Marana Biddle

Appendix A

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- 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 e.g. crowded corridors, travel time between lessons;
- 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;
- 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;
- 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;
- who in the school needs to be aware of the child's condition and the support required;
- 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;
- 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, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- 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.