

**HARESTOCK PRIMARY SCHOOL
STATUTORY POLICY
SUPPORTING PUPILS WITH MEDICAL NEEDS**

Updated: November 2018

Changes from previous version: new staff members trained in first aid

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Definition

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

- (a) Short-term, affecting their participation in school activities which they are on a course of medication.
- (b) Long-term, potentially limiting their access to education and requiring extra care and support

Introduction

Section 100 of The Children and Families Act 2014 places a duty on the governing body of this school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their 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.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Key roles and responsibilities

The Governing Body is responsible for:

Making arrangements to support pupils with medical conditions in school, including ensuring that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions 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 children with medical conditions. They should 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.

The Headteacher is responsible for:

Ensuring that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also 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. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual

healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The Welfare Assistant is responsible for:

Implementing the school's policy and ensuring that information is communicated to school staff in a timely manner and providing support to pupils with medical conditions, including the administering of medicines. The Welfare Assistant is responsible for arranging & recording staff training and the dissemination of information pertinent to asthma, allergies and anaphylaxis. The welfare assistant will initiate meetings for the development and review of Individual Health Care Plans and for capturing information on pupils' medical needs through use of the questionnaire when or before they join the school.

The Home School Link Worker is responsible for:

Liaising with Parents/Carers and the School Nurses where appropriate.

Teachers and Support Staff are responsible for:

Providing support to pupils with medical conditions, including the administering of medicines, although they are not expected to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training to achieve the necessary level of competency before they take on responsibility to support children with medical conditions. 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 in an emergency.

The School Link Nurse 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. They would not usually have an extensive role in supporting children with medical conditions, but may advise staff on implementing a child's individual healthcare plan. School nurses can liaise with lead clinicians on appropriate support for the child and associated staff training needs - for example, there are good models of specialist nursing teams offering training to school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Identifying children with health conditions

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers and following the steps outlined in the document 'Process for Identifying Children with a Health Condition' (Appendix C) produced by the Southern Health School Nursing Team in conjunction with the Children's Services Health and Safety Team. We will use the 'Health Questionnaire for Schools' to obtain the information required for each child's medical needs and ensure that we have appropriate arrangements in place before the child commences at the school to support them accordingly (Appendix B). Where a parent or health professional informs the school that a child is newly diagnosed with a medical condition or their needs have changed, a meeting will be initiated to put an Individual Health Care Plan in place.

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.

Procedure for Individual health care plans (IHCPs)

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. Although not all children will require one, the school, healthcare professional and parent will agree based on medical evidence when a healthcare plan would be inappropriate.

Where children require an IHP it will be the responsibility of the Welfare Assistant and Class Teacher to work with parents and relevant healthcare professionals to write the plan. (Appendix A)

An IHCP (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Welfare Assistant will work in partnership with the parent/carer, and a relevant healthcare professional (eg school, specialist or children's community nurse) who can best give advice on the particular needs of the child. Where a child has a Special Educational Need identified in a statement or Educational Health Care (EHC) plan, these will be linked to or become part of that statement or EHC plan.

We may also refer to the flowchart contained within the document 'Process for Identifying Children with a Health Condition' for identifying and agreeing the support a child needs to develop the IHP. We will use the IHCP template produced by the Department Of Education to record the plan.

If a child is returning following a period of hospital education or alternative provision (including home tuition), we will work with Hampshire County Council and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

Children with serious medical conditions will have their photo and a brief description of their condition, along with any other necessary information, in the staffroom, in the kitchen and in the front of school registers. Children with medical conditions which may require emergency attention, (e.g. epilepsy, diabetes) will have their names and an IHCP 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 provided to class teachers annually.

Staff training

All new staff will be made aware of the policy when they join the school through the new Staff Induction Form.

All relevant staff will be provided with awareness training on the school's policy for Supporting Children with Medical Conditions. This will include what their role is in implementing the policy and will be carried out annually or after an IHCP is reviewed.

The awareness training will be provided to staff through communication of a pupil's IHCP or by face-to-face training with the School Nurse, specific to a child's needs or by the Welfare Assistant.

We will retain evidence that staff have been provided the relevant awareness training on the policy by retaining signature sheets, recording the date and details of the training provided.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. This will include ensuring that the awareness training to staff is sufficient and that staff are competent and confident in their ability to support children with medical conditions. The training will include preventative measures so that staff can recognise and act quickly when an emergency occurs and therefore allowing them to fulfil the requirements set out in the IHCP.

Any training undertaken by the Welfare Assistant will form part of the overall plan for the school. Refresher awareness training will be scheduled at appropriate intervals.

Trained Staff School First Aiders are:

Supporting Pupils at school with Asthma, Allergies and Anaphylaxis: Sue Batsford

Emergency first aiders: Debbie Forrester and Alex Green

Schools First aider: Sue Batsford, Heather Smith and Vicky Pearce

Paediatric First Aid: Anne Marklew, Lauren Langford, Alex Jacques, Kate Rickman, Cathy Kent, and Diane Brown

Named people for administering medicines: Sue Batsford, Debbie Forrester, Alex Green during school hours & Heather Smith and Vicky Pearce before and after school.

Child's role

Where possible and in discussion with parents, children will be encouraged to take responsibility for managing their own medicines and procedures. This will be recorded, when relevant, in their IHCP. The IHCP will reference what will happen should a child who self-administers refuse to take their medication (this will normally be informing the parent/carer at the earliest opportunity).

We will endeavour to ensure that children have easy access to their medication. We will agree with relevant healthcare professionals/parent the appropriate level of supervision required and document this by the completion of Administration of Medicines and Treatment Consent form (Appendix E).

Managing medicines on the school site

The administration of medicines is the overall responsibility of the parent/carer. 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. However, the Welfare Assistant is responsible for ensuring children are supported with their medical needs while on site. This may include managing medicines where it would be detrimental to a child's health or school attendance not to do so (Anti-biotics).

We will not give prescription or non-prescription medicines to a child without the parent/carer written consent (a 'Parental Agreement to Administer Medicines' form will be used to record this – Appendix D)

A system to record all medicines received in and out of the premises is in place. Two folders are used containing the Administration of Medicines forms – one folder which is for **current** medicines to be administered and that we have on site; another folder which contains **historic** forms referring to medicines no longer on site. These folders are in alphabetical order.

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.

We will only accept prescribed medicines that are in date, labelled, provided in the original container and include instructions for administration, their dosage and storage. (The only exception to this is where alternative arrangements are detailed in the pupils' IHP and agreed with parents). Insulin, which must still be in date, will generally be available to schools inside an insulin pen or a pump, rather than its original container.

Staff must make sure that inhalers are stored in a safe but readily accessible place, the first aid room, and clearly marked with the child's name. If a child needs their inhaler they go to the office. Once in the first aid room, children then use their inhaler, under supervision or administered by the welfare assistant. When necessary, specific children have their own inhaler with them outside when PE lessons are happening.

Controlled drugs will be securely stored in a non-portable container which only named staff will have access to. 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.

We will only administer non-prescribed medicines with written consent from the parent if they are in clearly identifiable packaging and only on a short term basis (If the school have concerns they will seek further guidance from their link School Nurse).

We will never administer aspirin or medicine containing Ibuprofen (over 100mg / 5ml oral suspension) to any child unless prescribed by a doctor.

All other pain relief medicine will not be administered without parental consent.

Any homeopathic remedies to be administered will require a letter of consent from the child's doctor and will be administered at the discretion of the Headteacher.

Emergency medicines will be stored in a safe location, locked away with an accessible key, in the case of an emergency.

Types of emergency medicines include:

- Injections of adrenaline for acute allergic reactions
- Inhalers for asthmatics
- Injections of Glucagon for diabetic hypoglycaemia

Other emergency medication ie. Buccal Midazolam for major seizures will be stored in accordance with the normal prescribed medicines procedures (see storage section).

Storage

The first aid room will be used for medicine administration and treatment purposes. The room will be made available when required.

All medicines will be stored safely. Medicines needing refrigeration will be stored in the first aid room fridge, secured with a child lock. All inhalers will be kept in the first aid room but specific individual children (depending on whether their condition will be made worse by physical exercise) may have their inhaler with them, for ease of access during outside activities. All medicines must be clearly labelled and returned to the first aid room after these activities.

Controlled drugs or prescribed medicines will be kept in the locked cabinet in the first aid room. Access to these medicines is restricted to the named persons. Epi-pens are kept in locked cupboards in the first aid room. In the case of Epi-Pens all staff have access to the key (in the front office) which is clearly labelled and accessible. Staff will record any doses of medicines given in the Administration of Medicines folder. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

Disposal

It is the responsibility of the parent/carer 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 parent/carer.

Parent/carers will be informed of this when the initial agreements are made to administer medicines.

Administration of Medicines forms will be stored in the historic folder once medication has been returned to parent/ carers.

Sharps boxes will be in place for the disposal of needles. Once full, collection and disposal of these will be by the parent who will remove them from site.

Medical accommodation

The First aid room will be used for all medical administration and treatment purposes.

Record keeping

A record of what has been administered (including how much, when and by whom) will be recorded on a 'Record of Administration of Prescribed Medicines' form. (Appendix D.)The form will be kept on file. Any possible side effects of the medication will also be noted and reported to the parent/carers.

Emergency procedures

IHCPS 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 ie. 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 parent arrives; this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

To request an ambulance - dial 9 then 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number (01962 881026)
2. your name
3. your location as follows: Harestock Primary School, Bramshaw Close, Harestock, SO22 6LU
4. provide the exact location of the patient within the school setting
5. provide the name of the child and a brief description of their symptoms

6. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Off site visits

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take into account any steps needed to ensure that pupils with medical conditions are included. We will consult with parents, pupils and advice from the relevant healthcare professional to ensure that children can participate safely.

Unacceptable practice

Staff are expected to use their discretion and judge each child's IHCP on its merits, it is not generally acceptable practice to:

- prevent children from easily accessing their medication and administering their medication 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 IHCP;
- 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 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;
- 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.

Liability and Indemnity

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

The County Council is self-insured and have extended this 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 be unhappy with any aspect of their child's care at Harestock 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 Harestock Primary Complaints Procedure.