Grange Primary School

Supporting Pupils with Medical Conditions Policy

This policy should be read in conjunction with the SEND Policy and Disability Equalities Scheme. The headteacher is responsible for ensuring this policy is implemented.

Rationale:

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same processes of admission as other children and cannot be refused admission on medical grounds alone. Teachers and other school staff have a duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to staff leading activities off site.

The prime responsibility for a child's healthcare lies with the parent who is responsible for the child's medical care and medication and should supply the school with information. The school has regard for the DFE *'Supporting Pupils at School with Medical Conditions'*, April 2014. This policy outlines Grange Primary School's approach to meeting the requirements of this guidance.

Key Principles:

- Children with medical conditions should be properly supported so that they have full access to education, including school trips and physical education
- Arrangements must be in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development, implementation and review of healthcare plans with the support of the school nursing service
- School, parents, the child and healthcare professionals will work closely together to ensure that the needs of students with medical conditions are met
- Our focus is on the child as an individual and how their medical needs are met to ensure full inclusion, access and enjoyment of school life.
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Training and staff awareness

- The school has a number of trained first aiders, a list of which is displayed in the office and staffroom. There is a rota of first aiders on duty each lunchtime.
- Relevant staff will be made aware of each child's medical condition and needs
- Key staff will be regularly trained in supporting individual pupils with specific medical conditions such as diabetes, epilepsy and severe allergies
- We will ensure that cover arrangements are made in the case of staff absence or turnover to ensure needs are met
- We will undertake risk assessments for activities off site taking into account individual needs.

Individual Healthcare Plans

Where the child has a long term and complex medical condition(s), they should have an individual healthcare plan (IHC) providing clear guidance on what needs to be done, when and by whom. The school nurse, parent or carer, school and healthcare professionals collaborate to develop the plan. It is vital that the IHC reflects up to date medical knowledge about the child (input from healthcare professionals) and agreement should be reached as to who is responsible for leading on writing it.
These should be reviewed annually. Not all pupils with medical conditions need an IHC.

Children with Education Health Care (EHC) plans and Medical Needs

For pupils with EHC plans, the IHC should be linked to or become part of the EHC plan.

Roles and Responsibilities

Governing Body

- Overall responsibility to ensure pupils with medical conditions are supported to participate fully in school life
- Responsibility to ensure staff are appropriately trained and competent.

The Headteachers, with support of the Inclusion Leader

- Ensure implementation of the policy
- Ensure relevant staff are informed about medical conditions and trained
- Overall responsibility for developing Individual Health Care (IHC) plans
- Ensure appropriate levels of insurance
- Overall responsibility for liaison with the school nursing service

School Staff

- Take into account the medical needs of children they teach
- Support pupils following guidelines from the IHC plan
- Attend training as required in supporting pupils with medical conditions

School Nurse

- 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 school
- Support staff in implementing an IHC providing advice and liaison, particularly training
- Contribute medical advice to the writing of an IHC
- Liaise with other NHS staff and clinics
- Provide advice and support for schools about medical conditions

Pupils

- May be best placed to describe how a condition affects them
- Should be sensitive to the needs of others
- Should be involved as much as possible in decisions and plans affecting them
- Should be encouraged to self-administer medication (with support) where appropriate to develop independence

Medical Administrative Support

Medical Responsibilities to be taken on by a member of office staff with a time each week (1/2 h – 1 h) allocated to maintain the following:-

- The safe storage of medicine in school
- Check that medicines are not out of date – chase up parents to renew.
- Update Medical File – with up-to-date copies of Medical Care Plans
- Liaise with Inclusion Leader, School Nurse, Parents and teaching staff to ensure Care Plans are in place for all pupils needing one.
- Ensure that School Nurse is informed of new children to the school needing Care Plans
- Ensure that Teaching Staff are informed of allergies, medical needs of pupils in their class.
- Ensure that photographs of children with allergies, plus brief description of allergy is displayed in suitable areas around the school e.g. staff room, School Office, kitchen
- Ensure administration of medicine is recorded appropriately.
- Inform lunchtime staff of children with food allergies.

Inclusion Leader

- To have responsibility for managing medical administrative support role
- To ensure care plans are available to teachers and classroom staff
- To liaise with staff as necessary on medical support
- To ensure training takes place as necessary
- To ensure curriculum and classroom adaptation are in place as necessary to support medical needs
- To ensure all relevant staff are aware of a child's medical needs

Parents

- Should provide the school with up to date information
- Should attend clinic appointments as appropriate
- Should be involved in the development and review of IHCs
- Should carry out action they have agreed to implement as part of the IHC
- Should keep school informed immediately of any change of emergency contact details

Procedures for Managing Medicine

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No pupil should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- Pupils should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- All medicines should be stored safely in the school office. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- Governing bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

Children who manage their own Medical Needs

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Some children can be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily (an example would be those in Key Stage 2 with type one diabetes). Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Emergency Procedures

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. These should be reflected in school visit plan forms. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

For children with severe medical needs, where the Medical Care Plan states emergency procedures, up to date information must be kept readily available for emergency services.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, 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. byrequiring parents to accompany the child.

NB: **This policy will be reviewed in three years unless there are changes to legislation, or pupils' needs within the school.**

- ***This policy was written in June 2015 and ratified by governors 23 November 2015. The essence and procedures herein will be carried out consistently and the fact that this policy has not been ratified does not stop these procedures and systems from taking place.***

- ***This policy was reviewed on 24 September 2018***

Signed…….. Chair of Governors

Review date: 24 September 2018
Next review date: September 2021