

Our Lady & St Edwards's Catholic Primary & Nursery
School, a Voluntary Academy

Supporting Pupils with Medical Conditions Policy

This policy was agreed by

Governors

January 2018

And shared with staff

January 2018

Next review

January 2019

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

SECTION 1.

INTRODUCTION

Section 100 of the Children and Families Act 2014 places a duty on the proprietors of academies to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty the proprietor must have regard to the guidance issued under this section of the 2014 act. (Children and Families Act 2014)

The focus of the school's policy on supporting children with medical conditions will be 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 the school's life, remain healthy and achieve their academic potential.

Each child included within the school will be granted dignity and respect at all times and supported to develop to their maximum potential because we believe that the whole development of all children is our most important responsibility.

Some children with medical conditions may also be disabled and/or have special educational needs. For these children this policy should be read in conjunction with the Special Education and Disability policy and the Disability Access policy. These policies comply with the duties under the Equality Act 2010 and the SEND code of Practice 2014.

SECTION 2.

AIMS AND OBJECTIVES

1. Our Lady & St Edwards will provide appropriate support for children with medical conditions in order to limit the impact on the child's educational attainment and promote good emotional and general wellbeing.
2. Our Lady & St Edwards will provide appropriate support so that any pupil with a medical condition will have full access to the education curriculum including school trips and physical education and enjoy the same opportunities at the school as any other child. This will be governed by assessment of risk and in conjunction with parental support and wishes. Where there is also a disability or special education need school may need to support flexibility and provide an alternative curriculum for some pupils. In these cases school will follow the relevant guidance and policies. (SEND Policy 2014, Equality Act 2010)
3. Our Lady & St Edwards will consult and work with health and social care professionals, pupils and parents to ensure that the needs of a child with a medical condition is effectively supported, risks are minimised and staff feel confident to manage the child's individual needs. In some cases an individual health care plan will be needed.
4. Our Lady & St Edwards will ensure that all staff are properly trained to provide the support that a pupil with a medical need will require in order for them to fully participate in the school life and for them to be safe. Staff will also promote a pupil's ability and confidence to look after their own medical needs.
5. Records will be kept of all interventions and medical support given to a pupil with a medical condition.

SECTION 3.

ROLES AND RESPONSIBILITIES

3.1 THE ROLE OF THE PROPRIETORS (GOVERNING BODY)

- To ensure that support for pupils with medical conditions is in place in the school, this includes making sure that this policy is kept up to date and implemented.
- To ensure that sufficient staff have received suitable training and are competent to support pupils with medical conditions.
- To ensure that the school clearly identifies the roles and responsibilities of those involved in the arrangements to support pupils at the school with medical conditions.
- Will fully support any members of staff who do not wish to administer medicines or who feel that they are being unfairly pressurised to do so.

3.2 THE ROLE OF THE HEAD TEACHER

- The Headteacher will, with the assistance of the Special Educational Needs & Disabilities Co-Coordinator (SENDCCO), ensure there is effective collaborative work with other agencies and partnership working between school staff, health care professionals, the local authority, parents, pupils and where appropriate social care.
- Ensure that all staff are aware of this policy and their role in its implementation.
- Will have overall responsibility, with the assistance of the SENDCCO, for the development of individual health care plans.

- Ensure school staff are appropriately insured and are aware that they are insured to support pupils with medical conditions.
- Ensure there is sufficient trained numbers of staff available to implement this policy, deliver against individual health care plans including contingency and emergency situations.
- Deciding whether the school can assist a pupil who needs medication during the school day or if parents need to make alternative arrangements.

3.3

THE ROLE OF THE SCHOOL STAFF

- To be aware of any medical conditions or needs of pupils within their care; be conversant with any individual health care plans and medical requirements so they know what to do if a pupil with a medical condition needs help; to know the emergency procedures to be followed within the school for medical emergencies, and to have become familiar with the contents of this policy.
- There is no legal or contractual duty on school staff to administer medicine or to supervise a pupil taking it. This is purely a voluntary role. Those that volunteer to undertake this duty should receive sufficient and suitable training and ensure they achieve the necessary competency. School staff should only take on the responsibility of administering medication or supervise a pupil taking it if they feel competent to do so. Furthermore, staff should be particularly wary about agreeing to administer medicines to pupils where the timing of its administration is crucial to the health of the child; or where some technical or medical knowledge is required; or where intimate contact with the pupil is necessary e.g. administration of rectal valium, assistance with catheters etc.

- Class teachers will take into account the needs of pupils in their care with medical conditions and provide suitable differentiated curriculum to ensure they can fully participate in the school activities.

3.4 THE ROLE OF SCHOOL NURSES & OTHER HEALTH CARE PROFESSIONALS

- School nurses and Health Care professionals are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- They will support the Head teacher and SENDCO in the writing and implementing of individual healthcare plans and provide advice and training
- Specialist nurses such as diabetic nurses will support school with advice, training and implementation of individual medical care for pupils with specific conditions.

3.5 THE ROLE OF THE PARENTS AND PUPILS

- Parents must provide the school with sufficient and up to date information about their child's medical needs.
- Parents may be the first to notify the school that their child has a medical condition.
- Parents must complete a medication form if their child requires prescribed medication to be given during the school day.
- Parents must be involved in the development and review of their child's individual healthcare plan and carry out any action they have agreed to as apart of its implementation e.g. provide medicines and equipment

and details of a contact that can be reached at all times in case of emergency or advice needed.

- Parents are responsible for their child's medication and checking that it is in date and labelled correctly.
- Parents are responsible for ensuring their child is well enough to attend school.
- Pupils will be fully involved, in line with their age and understanding, in discussions about their medical support needs and contribute to the development of and comply with their individual healthcare plan.
- Wherever possible pupils will be allowed to carry their own medicines and relevant devices or be able to access them quickly and easily.
- After discussion with parents, pupils who are competent will be supported to take care of their own medical condition and administer their own medication and procedures in line with their age, understanding and ability. This will be documented in their individual healthcare plan.

3.6

THE ROLE OF THE LOCAL AUTHORITY (L.A.)

- To commission school nurses for academies and promote cooperation between relevant partners e.g. proprietors and governing bodies, clinical commissioning groups and NHS England.
- To provide support, advice and guidance and relevant training to help schools deliver individual health care plans effectively.
- To work with the school to support pupils with medical conditions to attend the school full time.

SECTION 4.

STAFF TRAINING AND SUPPORT

- Our Lady & St Edwards Catholic Primary & Nursery school will provide training for staff to ensure they are competent and have the confidence to support pupils with medical conditions and fulfil the requirements as set out in the individual health care plans. This training will include:
- Whole school awareness training, at least yearly, to ensure all staff are aware of the school's policy for supporting pupils with medical conditions and preventative and emergency care procedures.
- Staff will be sent on relevant external training to increase their competence and awareness of specific medical conditions and medical procedures.

- Other whole school awareness training, at least yearly, will be given to address specific care of pupils with medical conditions that may need emergency medical attention e.g. Type 1 diabetes, epilepsy, severe allergies requiring epipen administration.
- New staff members will be given a copy of the Support Children with Medical Conditions Policy in their induction pack and the emergency procedures explained during orientation.
- The school will ensure there are an adequate number of staff members who are first aiders in each key stage and for breaks and lunch time supervision.
- Staff who volunteer to give prescription medicines or undertake health care procedures will be given appropriate training by either a trained health care professional or a competent trained staff member as directed by a health care professional. This will be updated at least yearly or when necessary. **No staff member is to undertake any medical procedure without training or if they do not feel competent or confident to do so.** Health care professionals will confirm the proficiency of the staff in medical procedures or the competence of a staff member to train other staff.
- Parents may also be involved in giving staff specific advice and their views in the care of their child but they will not be the sole trainer.
- Staff will be supported in the care of pupils with medical conditions by, in the first instance the Headteacher, assisted by the SENDCO and in their absence by the senior leadership team.

SECTION 5

STRATEGIES AND PROCESS

5.1 Managing Medicines on School Premises

- 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 child under 16 will be given prescription or non-prescription medicines without their parent's written consent.
- No child under 16 will be given medicine containing aspirin unless prescribed by a doctor. Any medication for pain relief should not be administered without first checking the maximum dosages and when the previous dose was taken. Parents should always give permission first.
- School will encourage parents to have medicines prescribed, where possible, with dose frequencies which enable the medicine to be taken outside school hours.
- School will only accept prescribed medicines that are in-date, labelled and 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 be in date, but will generally be available to schools inside an insulin pen or pump rather than the original container.
- Any member of staff who is prepared to administer medicines should only do so under strictly controlled guidelines, fully confident that the administration will be safe. Clear instructions about medicines requiring regular administration must be obtained and strictly followed.

There should always be two members of staff involved – one to administer, one to witness.

- Any decision to agree to administer medicines will be a matter of individual choice and judgement. All members of staff who agree to administer medicines take on a legal responsibility to do so correctly. There is consequently always the risk that the staff member might be named in a legal claim for negligence. However, any member of staff acting in accordance with the agreed procedures and following any healthcare plan would be regarded as acting in the interests of the employer and, since the employer would also be the subject of the action, the member of staff would therefore be effectively indemnified against personal liability by the rules of 'vicarious liability'.
- Many pupils with long-term medical conditions will not require medication during school hours. Those that do may be able to administer it themselves with adult supervision. If this is not the case then wherever possible, parents should be asked to make arrangements to come into school or for pupils to return home at lunchtime for medication. Where this is not feasible the following procedure is recommended:
 - The smallest possible dose should be brought to the school, preferably by the parent, labelled with the name of the pupil in addition to clear written instructions for administration, including any possible side effects.
 - The medicine should be self-administered if possible, under the supervision of an adult.
 - A written record of all medicines administered to individual children or self administered must be kept stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted.

- If a child refuses to take a medicine or carry out a necessary procedure, staff should not force them to do so and parents contacted for advice and alternative options considered.
 - If there is any doubt about any procedure or administration of a medicine staff should not carry out the procedure or administration of the medicine before checking with either the parent or a health care professional.
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- A child who has been prescribed a controlled drug will have it kept in a in a none-portable container in a locked cupboard in a locked room or room with restricted access. Only named staff to have access to the drug. Controlled drugs should still be easily accessible in an emergency. **An accurate record must be kept of any controlled drug dose used and the amount of controlled drug held in school.**
 - School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering the drug should do so in accordance with the prescriber's instructions.
 - Parents are responsible for their child's medication and when no longer required medicines will be returned to the parent to arrange safe disposal.
 - Sharps boxes will always be used for the disposal of needles and other sharps.
 - Asthma medication should be self administrated by children. If it is an emergency and/or the child is unable to administer the medication named staff can do so. (see asthma policy appendix)
 - Sunscreen should be self applied by children and supervised by an adult.

- Travel sickness tablets should be handed to a teacher at the beginning of the trip, with an explanatory note from a parent or carer. Children should self administer travel sickness tablets supervised by an adult.

5.2 Storage of Medicines and Medical Equipment

The employer must ensure that health risks arising from medicines are properly controlled in line with the Control of Substances Hazardous to Health Regulations 2002 (COSH). The Head teacher is responsible for ensuring the safe storage of medicines.

- All medicines other than inhalers will be stored in secure areas of the school with restricted access e.g. a labelled airtight box in the fridge in the school staff room, labelled rigid airtight box in lockable deputy head's office storage cupboards.
- Children are to know where their medicines are at all times and be able to access them immediately and where relevant 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.** Epipens will be carried by the designated school staff members, in a clearly labelled rigid container in an identifiable bag following the individual healthcare plan details, wherever the child goes within the school. Children who are capable of carrying their own inhalers should be allowed to do so following consultation with parents by the headteacher.

- Children requiring medical procedures or administration of medicines during school trips or off site curriculum will be individually risk assessed and the relevant equipment and/or medicine carried by the supervising adult. Specific details will be documented in the individual healthcare plan.
- Where two or more medicines are required by a child each should be kept in a separate container.
- Large volumes of medication will not be stored in school.
- Medication will be stored in accordance with product instructions taking particular account of the correct storage temperature.
- Medicines should be stored in their original containers, clearly labelled with the name of the pupil, the name and dose of the drug, the frequency of administration, any likely side effects and the expiry date.
- Parents will be asked to collect out of date medicines and all medicines held by the school at the end of the term or school year.
- Pharmacists can give advice about storing medicines.

5.3 Record Keeping

Written records must be kept of all medicines administered to children within the school. It must record the name of the pupil, the drug name, dose given, method of administration, time and date given, by whom and who witnessed. 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.

5.4 Individual Healthcare Plans

Will be used to ensure that the school effectively supports pupils with medical conditions that need extensive or regular support. They will provide clarity about what needs to be done, when and by whom. They will be essential in cases where the medical condition fluctuates, is long-term and complex or where there is a high risk that an emergency intervention will be needed. Examples of these are children with type one diabetes requiring insulin, children with severe allergies requiring epipen, children with epilepsy, children receiving treatment for cancer etc.

The format of the individual healthcare plan will vary to enable the school to choose whichever is most effective for the specific needs of each pupil but will cover the following.

- The healthcare plan will be easily accessible to all who need to refer to them, while preserving confidentiality.
- The level of detail in the plan will depend on the complexity of the child's condition and the degree of support needed.
- Where a child has special education needs but does not have a statement or Education Health Care plan their special educational needs should be mentioned in their healthcare plan.
- Individual healthcare plans may be initiated or reviewed in consultation with the parent by a member of school staff and/or a healthcare professional involved in providing care to the child.
- Plans should be drawn up by the school in consultation with parents, relevant healthcare professional and pupils whenever appropriate. The

responsibility for ensuring it is finalised and implemented rests with the school.

- Where a child has an Educational Health Care plan the individual healthcare plan should be linked to or become part of the EHC plan.
- The individual health care plans should be reviewed at least annually or earlier if the child's needs have changed.
- An individual Healthcare plan should contain the following information:
 - The medical condition, (its triggers), signs, symptoms and treatments.
 - The pupils resulting needs, including medication (dose, side-effects), other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements.
 - The level of support needed and who will provide this support. Cover for the support if name person absent. If a child is self managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
 - Who in the school needs to be aware of the child's condition and the support required?
 - 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
 - The separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable to ensure the participation and safety of the child.
 - Define what constitutes an emergency for that child and explain what to do including whom to contact and contingency arrangements.
 - Signature of the parent

Furthermore, consideration may be given to the following and documented on the Healthcare plan:

- Specific support for the pupils educational, social and emotional needs e.g. how absences will be managed; rest periods, additional support to catch up with lessons, counselling etc.
- Training needs of support staff and documentation of their proficiency by a healthcare professional.
- Any confidentiality issues raised by the parent/child.

5.5 Emergency Procedure

- Our Lady & St Edwards Catholic Primary & Nursery School has an emergency procedure that forms part of the school's general risk managements processes (see appendix). Whole school awareness of this procedure is reviewed at least yearly and all new staff receive a copy in their induction pack.
- Where a pupil has a high risk of a medical emergency this will be documented in their individual healthcare plan and all the relevant staff will be made aware of emergency symptoms and procedures. Other pupils in the school will be made aware of 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.
- School will make sure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

5.6 Day Trips, Residential Visits and Sporting Activities

- Our Lady & St Edwards Catholic Primary & Nursery School will actively seek to provide support for pupils with medical conditions so that they are able, where possible, to participate in school trips and visits or in sporting activities. The school will seek to make any reasonable adjustments needed in order for pupils with medical conditions to be able to fully participate according to their own abilities unless evidence from a clinician such as a GP states that this is not possible.
- In order to consider what reasonable adjustments need to be made to enable pupils with medical needs to participate fully and safely on visits a risk assessment will be carried out and steps planned to ensure that the pupil is included and kept safe. This will be done in consultation with parents, pupils (where they are able to contribute) and the relevant healthcare professional if necessary.
- These procedures will be in line with the Health and Safety Executive (HSE) guidance on school trips.

SECTION 6. Unacceptable Practice

- School staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan. However, 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.
- 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 to 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 e.g. by requiring parents to accompany the child.

SECTION 7. LIABILITY AND INDEMNITY

(details of school insurance arrangements to cover staff providing support to pupils with medical conditions)

SECTION 8. MISCELLANEOUS

Asthma (see appendix for asthma policy and treatment)

First Aid (see appendix for accident procedures)

School will ensure there are an adequate number of staff members and midday supervisors trained across the school phases to meet the first aid needs of the school.

Staff Medication

Staff are to ensure any medication brought into school for their own use is kept in a secure place that is not accessible to other staff or pupils.

SECTION 9. COMPLAINTS

Procedure for Parents with Concerns

1. Discussion with Headteacher and parents.
2. If necessary a referral to the Senior Leadership Team in the absence of the Head Teacher.
3. In case of a formal complaint refer to the school's complaint procedure.

Appendix

Asthma Policy

Role of the School

- Aims to ensure that all children/young people with asthma participate fully in all aspects of school life, including PE.
- Recognises that immediate access to reliever (blue) inhalers is vital.
- Will keep records of children/young people with asthma and their medication requirements. This will be documented on the inhaler information form and copies held in the class planning file and school office
- Will ensure that all members of staff know what to do in the event of a child/young person having an asthma attack.
- Will work in partnership with all school staff, parents/carers, governors, doctors and nurses to ensure that the asthma policy is implemented.

Role of the Parent

- The parent should inform the school if their child/young person has asthma and their medication requirements.
- Parents should discuss consent for administering or supervising administration of their child's own inhaler with the Head teacher.
- Parents are responsible for ensuring their child's inhaler is in date and not empty.

Access to in halers

1. In halers for younger children should be readily available and labelled with the child's name. Children/young people should take more responsibility regarding their inhaler as they get older and be encouraged to carry their own inhaler. Decisions regarding this issue should be made by parents, child and school jointly.
2. It is important that all children/young people with asthma keep a labelled reliever (blue) in haler in school.
3. All staff need to know where inhalers are kept and this should be in a central **un-locked location** with easy access to **all** staff members.
4. It is important that staff check all children/young people with asthma have their reliever (blue) inhaler with them when they leave the school site.

Staff Awareness

1. Advice regarding the management of asthma in schools may be given by the school nurse when requested by school.

2. Each class teacher should be aware of the children/young people with asthma in their class.

Treatment of Asthma in School

(adapted from Guidance on the use of emergency salbutamol inhalers in schools – Disabled and Ill Child Services Team Dept of Health Sept 2014)

Reliever (blue) inhaler

All children/young people with asthma should have a blue inhaler in school.
Its use should give relief in about 5 minutes by opening up the airways.

Preventative treatment is for use at home only and should not be used during an asthma attack; therefore they are not needed in school.

How to Recognise an Asthma Attack

Signs and symptoms

Persistent cough (when at rest)

Shortness of breath or difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)

A wheezing sound coming from the chest (when at rest)

Nasal flaring

Unable to talk or complete sentences.

Being unusually quiet.

May try to tell you that their chest feels tight. (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

Appears exhausted

Has blue/white tinge around the lips

Is going blue

Has collapsed.

What to Do in the Event of An Asthma Attack

- Keep calm, do not panic and reassure the child
- Encourage the child/young person to sit up and slightly forwards
- Give the child/young person two puffs of their reliever (blue) inhaler preferably through a spacer.
- Loosen tight clothing
- Stay calm and reassure the child.
- Stay with the child until they feel better.

IF THERE IS NO IMPROVEMENT

- If there is no immediate improvement continue to give **two puffs** at a time every **2 minutes**, up to a **maximum of 10 puffs**.
- If the child does not feel better or you are worried about the child/young persons condition at **ANYTIME** before you have reached 10 puffs,
CALL 999 FOR AN AMBLUANCE

If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

After a Minor Asthma Attack

- As soon as the child/young person feels better they can resume normal activities
- The parents/carers must always be told if their child/young person has had an asthma attack.

