



## **Supporting Pupils with Medical Conditions Policy**

In line with the duty to support pupils at school with medical conditions, which came into force on 1<sup>st</sup> September 2014, we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Whiteley Primary School, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made.

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases; therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and it is readily accessible to parents and school staff.

### **Policy implementation**

The named person, who has overall responsibility for policy implementation is the Deputy Headteacher/ Inclusion Manager, Kate Bolton.

The Inclusion Manager will

- ensure that sufficient staff are suitably trained;
- liaise with the teacher advisor for disabilities and other professionals involved in supporting pupils with medical needs;
- ensure that all relevant staff will be made aware of the child's condition;
- ensure that cover arrangements are in place in case of staff absence or staff turnover to ensure someone suitably trained is always available;
- brief supply teachers;
- carry out risk assessments for school visits, holidays, and other school activities outside the normal timetable; and
- monitor individual healthcare plans.

The Headteacher is responsible for ensuring that the procedures as laid out in the policy are known and followed by all staff.

### **Procedure to be followed when notification is received that a pupil has a medical condition**

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils.

### **Individual healthcare plans**

Our school will send home a health questionnaire. Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or a more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our school we will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have

changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimise disruption.

Our IHP (see appendix 1) requires information about:

- 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 (NB 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;
- 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;
- 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.

### **Roles and responsibilities**

In addition to the Inclusion Manager, those people involved in arrangements to support pupils at our school with medical conditions include:

The Senior Admin Assistant (Julie Ward), who is responsible for:

- Liaising with the school nursing service regarding health care plans and training.
- Ensuring that individual health care plans are in place and up to date.
- Administration of medicines which are held centrally in the school first aid room (in conjunction with the other trained support staff in the office e.g. admin assistants).

Specialist Teaching Assistant for PD and SALT (Brenda Bunyan), who is responsible for

- Updating risk assessments for pupils with physical disabilities or health needs.
- Liaising with outside agencies to organise specialist training (for example, choke training; moving and handling; hoist)

Teachers and Support Staff, who are responsible for:

- The day to day application of this policy, including meeting the medical needs for pupils in their class following training.
- Liaising with the inclusion manager to produce risk assessments for school visits, residential trips, and other school activities outside of the normal timetable

The School Link Nurse, who is responsible for:

- Providing advice and support to the school and families of pupils with medical conditions, as requested.

### **Staff training and support**

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training (see training record appendix 2). Training needs are assessed regularly and training will be accessed through HTLC.

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

### **The child's role in managing their own medical needs**

Where children are deemed competent to manage their own health needs and medicines by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

### **Managing medicines on school premises**

At our school:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- no child will be given prescription or non-prescription medicines without their parent's written consent;
- we will never give medicine containing aspirin unless prescribed by a doctor;
- medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken;
- parents will be informed when medicine has been administered;
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours;
- we will only accept prescribed medicines if they are:
  - **in-date**
  - **labelled**
  - **provided in the original container as dispensed by a pharmacist**
  - **include instructions for administration, dosage and storage.** (*NB 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*)
- staff will log when medicine forms are received; sign that they have received medicines in school and that they have been taken to classrooms (if appropriate); and ensure that information such as expiry dates are recorded on the medicine tracking form.
- all medicines will be stored safely.
- children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always

readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips.

- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- 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. 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. Where an individual child is competent to do so and following a risk assessment, we may allow them to have prescribed controlled drugs on them with monitoring arrangements in place.
- school staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- **we will 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 will be noted in school.**

### Non-prescribed medicines

Following on from Supporting Pupils with medical Conditions December 2015, the school reviewed its policies and procedures for administering non-prescribed medicines. The school now keeps a small stock of 'homely' remedies, such as you may have at home, which will include:

- Liquid paracetamol (Calpol)
- Liquid antihistamine (Piriton)

These will only be administered when it would be detrimental to the child not to give and only with written permission of the parent. They will be administered strictly in line with the instructions given on the bottle, paying particular attention to the child's age. The school will still contact parents to collect a child whom they feel is not well enough to remain in school, but we understand that mild symptoms such as head ache, limb pain etc. may be relieved by the use of Calpol.

All parents will be given the option to agree/disagree to their child being given Calpol in certain circumstances. If parents are happy for the school to administer, they may choose to only give permission if direct contact can be made with a parent first; alternatively, they may give permission for the school to give Calpol without the need to speak to a parent first – in this circumstance, a dose would only be given in school after 1pm to ensure that a child does not receive a dose within 4 hrs of a previous dose. The parents will be contacted (by text or phone message) to let them know that Calpol has been administered and the time of the dose provided in school.

In rare circumstances (such as when a child is recovering from a broken limb), a doctor may advise that the school administers Calpol to a child for a number of days following their return to school for pain relief. However, in accordance with advice from the school nurses, in all other situations, the school will only agree to administer Calpol on a daily basis. If a parent believes that their child may require Calpol to relieve symptoms for several days, they should alert the class teacher who will check on the child at lunchtime and alert the school office if the child has symptoms that may be relieved by the administration of Calpol.

Parents of children who may require Piriton during the school day for short periods (for example, to relieve the symptoms of hayfever), will be invited to contact the school office to provide individual written permission regarding its use.

Open bottles of non-prescribed medicines purchased by the school will be kept for a maximum of 6 months, after which they will be disposed of.

Administration of other ‘homely’ remedies not detailed here will only be considered under medical advice with the guidance of the school nursing team. In line with medical advice, the school will never administer ibuprofen based medication unless it has been prescribed.

### **Emergency Asthma Inhalers**

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency inhalers. They will only be administered to pupils who already have a prescribed inhaler for their own use and where parents have given their prior permission for the school inhalers to be used in an emergency situation where their own inhaler is not immediately to hand. The school will also keep a small number of single use ‘spacers’ to be used with the inhalers.

### **Emergency Adrenaline Auto-Injectors (Epi-pens)**

Since 1 October 2017, schools in England may purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep emergency adrenaline auto-injectors. They will only be administered to pupils who already have a prescribed AAI for their own use and where parents have given their prior permission for the school AAI to be used in an emergency situation where their own AAI is not immediately to hand or is not working. If a pupil requires the use of the emergency AAI we will always contact parents by phone at the earliest opportunity.

### **Record keeping**

We will ensure that written records are kept of all medicines administered to children. We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

### **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 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 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, residential visits and sporting activities**

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

As a school we believe it to be unacceptable 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 for reasons associated with their medical condition 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.

### **Liability and indemnity**

Maintained schools and academies with an SLA with HCC will be insured as long as all appropriate training and risk assessment has taken place

Proprietors of academies should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

### **Complaints**

If you have a complaint about how your child's medical condition is being supported in school please contact the Headteacher and the Chair of Governors in the first instance.

Policy Agreed by Governors – March 2022

To be reviewed – Spring 2023

Appendices (All saved in School Pool/Medical/Administration of Medicines Forms

Appendix A – Health Questionnaire (sent to all new starters)

Appendix B – Letter to request information for IHP (sent to all parents who indicate that their child has a medical condition)

Appendix C – Individual Healthcare Plan

Appendix D – Medication tracking Form

Appendix E – Record of Administration of Prescribed Medicines

Appendix F – Record of Administration of Homely medicines

Appendix G – letter and consent form for emergency inhaler use

Appendix H – form to inform parents of emergency inhaler use

Appendix I – Inhaler use record form

Appendix J – Notification of frequent inhaler use

Appendix K – Liquid paracetamol letter and permission form

Appendix L – Antihistamine permission form

Appendix M – Prescribed medicines permission form

Appendix N – letter and consent form for emergency AAI use