

Primrose Hill Primary School

Supporting Children at School with Medical Needs Conditions

Date agreed: May 2021

Date to be reviewed: July 2022

The named teacher for managing children with medical conditions is **Sharon Franks**.

This policy is underpinned by our Special Educational Need and Disabilities Policy and has due regard to the DFE statutory guidance entitled 'Supporting pupils schools with medical conditions'. We also seek advice from relevant health care professionals. This policy also applies to activities taking place off site as part of normal educational activities. It supports children's health and well-being so that they can play a full and active role in school life, remain healthy and achieve their academic potential. In addition to educational achievements, this policy supports the social and emotional implications that may be associated with medical conditions. We believe that children with medical conditions should have the same protection and safeguarding as their peers through:

- Full access to education
- Access to school trips
- Access to physical education
- Have good mental and emotional health
- Feel included
- Confidence
- Ability to self-care
- The same right of admission to school as other children
- Remain safe

We recognise that some medical conditions severely effect quality of life and may be life threatening. It may also impact on mental health. We therefore, will ensure that the focus is on the needs of each individual child and how his/her medical condition impacts on their school life. We will work closely with parents at all times. We will ensure that staff are properly trained to provide the support that children need. All relevant staff will be made aware of a child's medical condition and trained in accordance. We are committed to ensuring that someone is available for staff absence or staff turnover and will brief supply teachers. We will conduct the relevant risk assessments for children with medical conditions. We will provide and monitor individual health care plans and provide support for children with or without a formal diagnosis. Staff induction will include awareness raising, policy sharing and training as necessary.

When we receive a notification that a pupil has a medical condition we will:

- Make every effort to ensure arrangements are in place within two weeks of admission
- Meet with parents, prior to admission
- Meet with professionals involved, prior to admission
- Use professional and parent guidance to provide appropriate support based on available evidence
- Produce an individual plan

Individual Healthcare Plans

Plans will be reviewed at least annually and can be initiated by school or parent or healthcare professional. They will provide clarity on what needs to be done, by whom and when. Plans will be at all times developed with the child's best interests in mind. We recognise that not all children will require a Health Care Plan. We will, based on evidence, in conjunction with parents and health care professionals, make a decision on a child by child basis as to whether a Health Care Plan is required or not. If consensus cannot be reached, the head teacher will make a final decision. Some Health Care Plans are often essential such as where conditions fluctuate, or where there is a high risk that emergency intervention will be needed, or where conditions are long term and complex. They will be easily accessible to those who need them, whilst preserving confidentiality. If a child has SEND but does not have an EHCP their SEND will be mentioned in the plan. We will endeavour to consult and include children whenever it is possible and appropriate. If a child has an EHCP we will link both documents.

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. We will endeavour to support children to manage their own health needs and medicines where appropriate and with an appropriate level of supervision if required. If a child refuses to take medicine to carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the individual health care plan. Parents will be informed so that alternative options can be considered.
- Who will provide this support, their training needs, and 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 head teacher 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.

Roles and Responsibilities

Supporting a child in school with medical conditions is not the sole responsibility of one person. We will ensure effective, collaborative working arrangements between:

- Governing Body
- Head Teacher
- Parents
- Child
- School Staff
- School Nurse
- Health Care Professionals
- Local Authority

Managing Medicines on School Premises:

We have the appropriate procedures in place for managing medicines on the school premises and these procedures reflect the following:

- 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 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. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
- A child under 16 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 if these 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. 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
- 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

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held
- 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. Staff must not give prescription medicines or undertake health care procedures without appropriate training. 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 in school.
- Wherever possible children will be allowed and encouraged to take responsibility for managing their own medicines and procedures. This will be reflected in their plan and in some cases, these children may require some level of supervision.
- We will ensure that written records are kept when being administered to children. We believe that these records provide evidence that agreed procedures have been followed and offer protection to our children and to our staff.
- Parents will be informed if their child has been unwell at school.

Emergency procedures and what we do in an emergency

Our procedures for managing a medical emergency will include a general risk assessment, as well as a specific individual risk assessment.

- We will ensure that staff understand the local emergency service arrangements if they are away from the school premises or abroad (i.e. a school trip in or out of the UK), and can provide the correct location information for navigation systems.
- These emergency procedures for individual children will be highlighted on their plan and the plan will be taken on the trip.
- All staff will be made aware of emergency symptoms and procedures.
- Other pupils in the school will be made of what to do in general terms, such as informing a teacher immediately.
- If a child is taken to hospital, staff will stay with the child until the parent arrives and/or accompany the child in the ambulance.
- An individual evacuation plan and risk assessment (PEEP) will be carried out for the relevant individual children who require extra support.

We believe the following constitute unacceptable practice:

- 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.

Staff training and support

Any member of staff providing support to a child with a medical need will be guided by their health plan by professionals, by parents, by the child and by the schools practises. He/she will receive suitable or relevant training where appropriate and their CPD consistently reviewed. This training will be identified during the development or review of the health care plan, performance management reviews and will be kept up to date according to need. Training will ensure that staff are competent and have confidence in their ability to support children with medical conditions as well as being able to meet the fulfilments set out in the plan.

We keep a running record of all staff training relating to SEND needs and this is available to be seen on request.

First Aid

We have a number of staff identified below who will administer first aid as appropriate and hold the necessary certificate. We recognise, however, that a first aid certificate does not constitute appropriate training in supporting children with medical conditions. Specific training will be provided to the relevant staff.

Other Issues/Considerations

In compiling this policy, we have been guided by 'Supporting Pupils at School with Medical Conditions' This statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015 can be found in **Appendix 1**.

We have additional information sheets on how we manage some of our specific high incidence medical conditions. This is not an exhaustive list and will be added to as appropriate. See Appendices:

Appendix 2: Asthma

Appendix 3: Hay Fever

Appendix 4: Eczema

Appendix 5: Intimate care