VENN

Adwick Primary School

Supporting Pupils at School with Medical Conditions

1	Summary	Supporting Pupils at School with Medical Conditions	
2	Responsible person	D Dukes	
3	Accountable SLT member	D Dukes	
4	Applies to	☐All staff ☐Support staff ☐Teaching staff	
5	Who has overseen development of this policy		
6	Who has been consulted and recommended policy for approval		
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13	Consulted with recognised trade unions	☐Y ☐N	

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

2. Legislation and statutory responsibilities

- This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.
- It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.
- This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

- The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions.
- The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The principal

The principal will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

- Contact the school nursing service in the case of any pupil 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

- Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- For the purposes of dietary needs, parents should provide medical evidence as this is a requirement of the catering company before they can cater to specialist diets.

3.5 Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them.
- Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

- Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

3.7 School Caterers

- The catering team will prepare meals in accordance with special diets, supported by medical evidence.

4. Equal opportunities

- Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.
- Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

- When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.
- The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.
- See Appendix 1.

6. Individual healthcare plans (IHPS)

- The principal has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to:
- Eloise Devine (DSL) establishes the healthcare/ medical plans following meetings with the parents.
- Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
- Plans will be developed with the pupil's best interests in mind and will set out:
  - What needs to be done
  - When
  - By whom
- Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the principal will make the final decision.
- Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.
- IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

- The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher will consider the following when deciding what information to record on IHPs:
  - 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil'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.
  - Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments.
  - Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
  - What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing medicines

- Prescription and non-prescription medicines will only be administered at school:
  - When it would be detrimental to the pupil's health or school attendance not to do so **and**
  - Where we have parents' written consent
- Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.
- The school will only accept prescribed medicines that are:
  - In-date
  - Labelled
  - Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage
- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

- All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.
- Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs

- Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.
- A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.
- Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

- Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.
- Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary

7.3 Unacceptable practice

- School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:
  - Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
  - Assume that every pupil with the same condition requires the same treatment
  - Ignore the views of the pupil or their parents
  - 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 IHPs
  - If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
  - Penalise pupils 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 pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Asthma

8.1 How to recognise an asthma attack

Department of Health Guidance on the use of emergency salbutamol inhalers in schools 2015

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very 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:

- Appearing exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

8.2 How to respond to an asthma attack

Symptoms of asthma, and signs of an asthma attack:

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.
- Immediately help the child to take two separate puffs of salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital and stay with them until the parent/carer arrives**.**

8.3 After the attack

- Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.
- The child's parents **must** be contacted via text following the use of the inhaler.

8.4 Inhalers

- Immediate access to a reliever inhaler is vital.
- A child's personal inhaler will be labelled with their name and must be in date.
- Written permission is gained from parents to consent to the use of their own inhaler or the school's Emergency inhaler (in the event of their own not being available).
- School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. School staff who agree to do this are insured by the local authority when acting in accordance with this policy. Children will administer their own inhaler where they are able to, supervised by an adult.
- When a child is away from their school classroom on a school trip, club, outside sports or PE, their inhaler should accompany them and be made available to the at all times.

8.5 Record Keeping

- Records are kept each time a child uses an inhaler. These are in the First Aid Folder in the red box in the child's classroom. These must be completed by the adult administering/supervising the use of the inhaler.
- Inhalers are regularly checked for expiry dates by a named member of staff (L Hickes).
- All members of staff are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. All this information will be found on their medical care plan/ consent form for use of an inhaler.

8.6 Emergency Inhalers

- In line with "Guidance on the use of emergency salbutamol inhalers in schools" March 2015, the school will keep emergency reliever (blue) inhalers for the emergency use of children whose own inhaler is not available for any reason.
- The emergency reliever (blue) inhalers will be stored in the Medical Room, along with appropriate spacers.
- Parents must sign a "Consent form: use of emergency salbutamol inhaler" (Appendix D) to consent to their child being allowed to use the emergency inhaler. These will be kept in the Asthma file in the Medical Room.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

9. Emergency procedures

- Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

10. Training

- Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.
- The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.
- Training will:
  - Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
  - Fulfil the requirements in the IHPs
  - Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.
- All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

11. Record keeping

- The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.
- IHPs are kept in a readily accessible place which all staff are aware of.

12. Liability and indemnity

- The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.
- The details of the school's insurance policy are available from the school office.
- Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.

13. Complaints

- Parents with a complaint about their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring arrangements

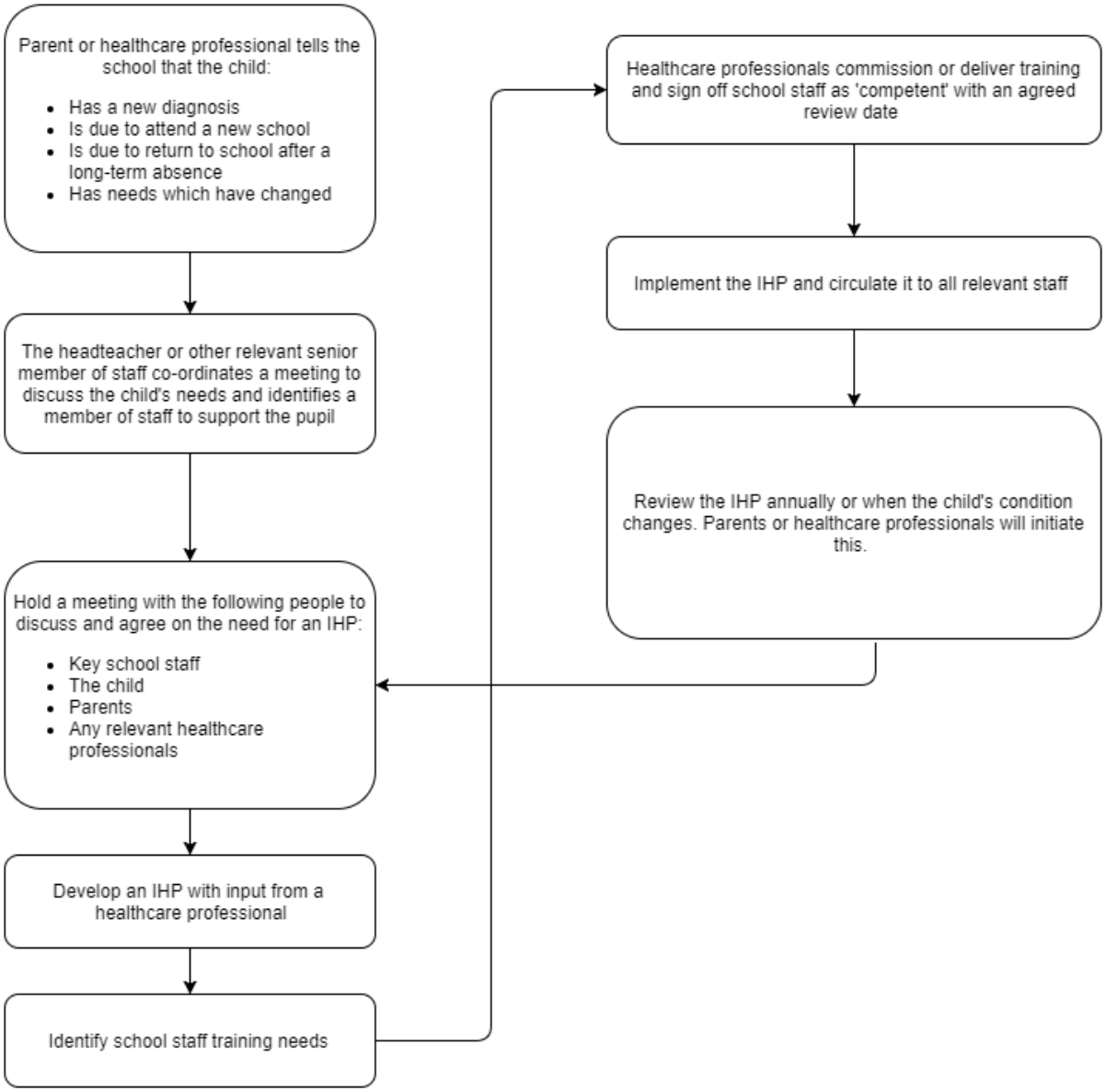
- This policy will be reviewed and approved by the governing board annually.

15. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Allergy and Anaphylaxis Policy
- Complaints
- Equality
- First Aid
- Health and safety
- Safeguarding & Child Protection
- Special educational needs information report and policy

Appendix A: Being notified a child has a medical condition



Appendix B: Medicine procedure in school

Medicine

1. Parents will complete a “Request for school to administer medicine” form. These are kept in the child’s classroom. Electronic versions are available for parents who need to complete online.

2. This is necessary for prescribed and over the counter treatments for minor illnesses as in Appendix C below.

3. The person administering the medicine will ensure that the medicine is in date; dosage and time the medicine is to be taken; and the date medicine will cease are complete.

4. A copy of the form will be handed to the teacher to share with teaching assistant working in the child’s class. Would you please ensure the child comes to you as the named person administering the medicine or add an additional name if you know someone else will be responsible. Once the medicine is no longer required would the TA please shred the copy as the form contains highly confidential information.

5. All medicines requiring refrigeration will be kept in the fridge located in the staff room (upper site) and the first aid room (lower site). The boxes are kept in the cupboards, out of the reach of children.

6. Medicine is returned to the child at the end of the school day.

7. A child’s medical information must not be displayed in the First Aid room to ensure data protection compliance.

First Aid

1. If a child in your class is ill, they must report to a “First Aider” or a member of the SLT who can make a decision for a child to be sent home due to illness.

2. The TA can contact parents to explain the accident/illness. All contact telephone numbers are available from the school office and on Arbor. The accident book that is kept in the hygiene room must be completed in all cases.

3. All incidents of first aid are recorded in the accident book. Parents are contacted to inform them that first aid has occurred.

Appendix C: NHS Update 26.3.19

In accordance with NHS Doncaster Update 26.3.18 it should be noted that:

- Appendix C lists the common minor or self-limiting illnesses that are considered suitable for self-care. This is included as a guide and is not promoted as an exhaustive list.

- The Department of Education documents, 'Supporting Pupils at School with Medical Conditions' and 'Statutory Framework for the Early Years Foundation Stage' explain the legislative requirements and good practice guidance in this area.

- Prescription only medicines may not be administered in a school or early years setting unless they have been prescribed for a child by an 'Appropriate Practitioner', which includes a doctor, dentist, nurse or pharmacist.

- However, non-prescription over the counter medicines do not need an Appropriate Practitioner's prescription, signature or authorisation in order for a school or early years setting to give them.

- Medicine (both prescription and non-prescription) must only be administered to a child under 16 where written permission for that particular medicine has been obtained from the child's parent or carer.

- From 1st October 2014, legislation on prescription only medicines changed to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

- From 1st October 2017, legislation on prescription only medicines changed to allow schools to buy adrenaline auto-injector (AAI) devices, without a prescription, for use in emergencies.

Appendix D: Minor Ailment List

The following minor illnesses can be treated effectively and safely using over the counter medicines.

Treatments for these conditions should not be provided via prescription, except in exceptional circumstances.

Aches and pains	Headlice
Athlete's foot	Headaches and migraines
Cold sores	Heartburn and indigestion
Colic	Mild dry skin
Constipation	Skin rashes
Coughs and colds	Other skin complaints, including acne, sun protection, birth marks, facial hair, bruising, tattoos, sweating
Dandruff	Sore throat
Diarrhea	Teething and toothache
Ear wax	Threadworm
Foods, including gluten free, sip feeds & soya milks where not clinically required	Travel medicines, including travel sickness
Fungal nail infections	Vitamins for prevention of deficiency, Complementary medicines and health supplements when not clinically required.
Fungal skin infections	Varicose veins
Ringworm Hemorrhoids (piles)	Vaginal thrush
Hayfever and allergies	

Appendix E: Use of an Emergency Inhaler Consent Form

CONSENT FORM:USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

- I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
- My child has a working, in-date inhaler, clearly labelled with their name, which they keep in school.
- In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from emergency inhaler held by the school for such emergencies.

Signed:.....

Date:.....

Name (print):.....

Child's name:.....

Class:.....

Parent's address and contact details:

.....

.....

.....

Telephone:.....

Email:.....