



# *Priory Junior School*

## Supporting Pupils with Medical Conditions Policy

Policy Date: November 2021

Review Date: November 2022

# Priory Junior School

## Supporting Pupils with Medical Conditions Policy

This policy has been developed in line with DFE's statutory guidance 'Supporting Pupils as School with Medical Conditions' written under the statutory duty placed on governing bodies from Section 100 of the Children and Families Act 2014.

### Aims of Policy

- To ensure pupils at school with medical conditions are properly supported so they can play a full and active role in school life, including school trips and physical education.
- To ensure the needs of pupils with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

**The Headteacher is responsible for the implementation of this policy.**

### **Procedure**

The Headteacher is responsible for ensuring that whenever the school is notified that a pupil has a medical condition :

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

Where children are joining Priory Juniors at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record.

### **Individual Healthcare Plans (IHPs)**

The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- who in 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 (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- where a child has SEN but does not have an Education, Health and Care plan, their special educational needs
- the level of support needed including in emergencies who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- 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

- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements

## **Roles and Responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

### **The Governing Body**

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

### **The Head Teacher**

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHPs
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse
- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

### **School Staff**

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

### **School Nurses**

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

### **Other healthcare professionals**

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

### **Pupils**

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

## Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- are the key partners and should be involved in the development and review of their child's IHP
- should carry out any action they have agreed to as part of the IHP implementation

## Staff Training and Support

Members of staff providing support to a pupil with medical needs will receive suitable training, which will be identified during the development / review of individual healthcare plans. Staff providing support will be included in meetings where this is discussed.

The relevant healthcare professional will be expected to lead on identification and agreement with the school the type and level of training required, including how this can be obtained. The school will ensure this remains up-to-date.

Staff will not be expected to give prescription medicines or undertake healthcare procedures without appropriate training (A first aid certificate does not constitute appropriate training).

Whole-staff awareness training will also take place regularly so that all staff are aware of the school's policy for supporting pupils with medical conditions, including their role in supporting and implementing the policy. This will also be covered during induction of new staff.

## Managing Medicines on the School Premises

The following procedures are in place for managing medicines:

- Medicines will only be administered at school when it would be detrimental to a child's health or attendance not to do so.
- The written consent of a parent has been obtained (except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent).
- No medicine containing aspirin will be given, unless prescribed by a doctor.
- Parents are requested to ask doctors / pharmacists for medicines to be prescribed in dose frequencies which enable them to be taken outside school hours, where clinically possible.
- Prescribed medicines will only be accepted if they are in-date, labelled, and provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- All medicines will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.
- Controlled drugs that have been prescribed for a pupil will be stored securely, in a non-portable container. A record will be kept of any doses used and amount of controlled drug held.
- A record will be kept of all medicines administered to individual children, stating how and how much was administered, when and by whom. Any side effects will be noted.
- When no longer required, medicines will be returned to the parent. Sharps boxes will be used for the disposal of needles and other sharps.

## Emergency Procedures

In the case of an emergency, the First Aider and Headteacher must be informed immediately. Without delay, an ambulance will be called by the First Aider / Appointed Person.

The School Administrator will telephone parents / next of kin to inform this of this course of action and arrange for them to come to school immediately (if appropriate), or to meet at the hospital. The School Administrator will also provide the First Aider with the pupil details held by school on Pupil Asset.

If parents do not come to school before a child is to be taken to the hospital, then a member of staff will accompany the child in the ambulance.

Another member of staff may follow in a car, to ensure they are able to return to school. This will usually be a Senior Member of staff.

Before admitting children to the school, parents must complete an admission form which permits school staff to act on parent's behalf in cases of emergency.

### **Day Trips, Residential Visits and Sporting Activities**

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

Teachers should be aware of how the child's medical condition will impact on their participation, but allow enough flexibility to allow them to participate according to their own abilities, and with any reasonable adjustments. The school will make arrangements for the inclusion of pupils in such activities with any adjustments required, unless evidence from a clinician states that this is not possible.

A risk assessment will be carried out to take account of any steps needed to ensure that pupils with medical conditions are included. This will be done in consultation with parents, pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **Adrenaline Auto-Injectors for Allergic Reactions**

A small number of pupils may have an IHP for allergies, and require an adrenaline auto-injector to be held in school. Where this is the case, IHPs will be stored with individual children's AAI in a clearly named container. This will be stored centrally in a clearly marked drawer in the office. It will never be locked and so, easily accessible in the event of an emergency.

In addition to each child's individual medication and plan, the school will hold an emergency AAI kit, which may be used if necessary (ie. in the event that the individual's AAI fails, has expired, or is broken)

The emergency AAI kit will be stored in a clearly marked box in the medical drawer in the office. This will be checked regularly by the admin staff, and disposal of used / unused AAIs arranged.

A register of all pupils with an AAI will be maintained and shared with all staff. This will also be kept with the emergency kit – clearly identifying which children have parental permission for the emergency AAI to be administered. Medical authorisation will also be obtained for the administering of the AAI and recorded on the IHP.

Staff who may be involved in administering the AAI will receive regular training on usage of the AAI, and the identification of anaphylaxis. A record of training will be maintained.

Whenever a child is given an AAI (either their own or the emergency one), a record of this will be recorded on Medical Tracker, and parents and paramedics will be informed – including the time and dosage given.

The emergency anaphylaxis kit will contain:

- 1 or more AAI
- Instructions on how to use the device
- Instructions on storage of the device
- Manufacturer's information
- A checklist of the injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing the injectors
- A list of pupils who can have the AAI administered to them

## Emergency Salbutamol Inhalers

A number of children in school are diagnosed with asthma, and have their own inhaler in school. This is provided by parents, along with the completion of the Asthma Health Care Plan.

Should a child's inhaler not be available (ie. it has expired or has become empty), then the school is developing an Emergency Salbutamol Inhaler kit that can be accessed, and provided to a child, who has parental permission for this to take place.

The kit will be stored in the school office in the medication drawer. This will be accessible at all times to members of staff. The kit will contain:

- A salbutamol metered dose inhaler
- Two spacers compatible with the inhaler
- Instructions on use of the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler

To avoid the risk of cross-infection, the plastic spacer will not be reused. It will be given to the child to take home for future personal use. The inhaler itself can be reused, after the plastic housing has been washed in warm running water, and left to dry in air in a clean, safe place. However, should there be any contamination with blood, it would be disposed of.

Checks on both kits will be carried out monthly by the admin team: Tina Austin and Carolyn Tully

## Notes

The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

The following practice is considered **not acceptable**:

- preventing children from easily accessing their medication and administering it when and where necessary
- assuming children with the same condition require the same treatment
- ignoring the views of the child, their parents; ignoring medical advice or opinion
- sending children with medical conditions home frequently or preventing them from staying for normal school activities (unless specified in IHP)
- if a child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable
- penalizing children for their attendance record if their absences are related to their medical condition that is recognized under this policy
- preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- to require parents to attend school to administer medication or provide medical support to their child, including toileting issues (no parent should have to give up working because the school is failing to support their child's medical needs)
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips (such as requiring parents to accompany the child)

## **Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

This policy will be reviewed annually.

September 2014

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Date of Next Review: November 2022