

St John's C of E VA First School




**Together, we will give our children the
'ROOTS TO GROW' and the 'WINGS TO FLY.'**

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY



This policy should be taken as part of St. John's C. of E. First School's overall strategy and is implemented within the context of our vision of Government aims and our values as a Church of England School.

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| Policy Adopted: | October 2016 |
| Last review date: | March 2022 |
| Next review date: | November 2023 |
| Signed (Chair of Governors): |  |
| Date of signature: | 21 st March 2022 |

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| <p>This school is an inclusive community that welcomes and supports pupils with medical conditions. We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships and play; whilst being healthy, staying safe and being happy.</p> <p>The school recognises that duties in the Children and Families Act and the Equality Act relate to children with disability or medical conditions and are anticipatory.</p> | <p>All staff</p> |
| <p>The school makes sure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency.</p> <p>We understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood. This school understands the importance of medication and care being taken as directed by healthcare professionals and parents/carers.</p> <p>The named member of school staff responsible for this medical conditions policy and its implementation is: Sarah Priddle, SENCO.</p> | <p>All staff</p> |
| <p>Parents/carers have the prime responsibility for their child's health and are required to provide the school with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need.</p> | <p>Parents/carers</p> |
| <p><u>1.</u> Pupils with Short – Term Medical Needs</p> | |
| <p>If children are unwell and unable to cope with a busy school day or if the child has an infectious or contagious condition they should not be sent to school. If they become ill during the day, parents/carers will be contacted by the school office in order that the child can be taken home.</p> | <p>Parents/carers All staff</p> |

2. Responsibility for administering prescribed medication

The school will ensure that there are sufficient members of support staff employed, appropriately trained and willing to manage medicines. The type of training necessary will depend on the individual case. If they are in doubt about any procedure, staff will not administer the medicines but will check with the parents/carers or a health professional before taking further action.

Head Teacher

The child's parents/carers retain legal responsibility for medication and must sign appropriate forms before medication can be administered in school.

Parents/carers

School must have fully completed forms signed by parents/carers in respect of any medicines to be administered, or any nursing procedures or emergency procedures that should be followed which must be replaced whenever there is any change.

School office staff

Medicines received must be signed in and must be stored in a locked cupboard along with relevant records, apart from emergency allergy medicines, which are kept with the child (see also Allergy Management Policy).

All staff

Named people within school should be responsible for the administering of any medicines, generally this would be the Senior Leadership Team or Admin Team, but may also sometimes include the child concerned.

SLT/Admin Team

In the case of Asthma Inhalers and Adrenalin Auto-Injectors, these are kept with the child for use as necessary (see also Allergy Management Policy).

All staff

The named person should complete the record of details of drugs given on each occasion on the form provided. When administering medication, the member of staff will check the maximum dosage and when the previous dose was given.

All staff

Where monitoring is required the SENCO should be informed and should feedback to relevant people as appropriate.

SENCO

Nursing and emergency procedures must be written down with support from the relevant professionals and training given to relevant staff where appropriate.

Named staff

The named person responsible for coordinating the administration of medication is Sarah Priddle, SENCO.

3. Record-keeping

Staff will complete and sign a record each time they give medicine to a child. (These are filed in children's individual records in the SLT office when the course of prescribed medicine is completed). The date and quantity of medication received and returned to the parent/carer will be recorded.

Named staff

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| <u>4.</u> Refusal to take medicine | |
| If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents/carers of the refusal immediately. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed. | All staff |
| <u>5.</u> Storage of medication | |
| All emergency medicines, such as asthma inhalers and adrenaline auto-injectors (AAIs), will be safely stored and will be readily available. They will not be locked away and <u>where children are considered safely able to take care of their own medicines they will be supported to do so.</u> | All staff |
| Some medicines need to be refrigerated. These will be kept in the medicines area of the adult fridge in the staff room. Only adults will have access to the refrigerator holding medicines. | All staff |
| Needles and other sharps are disposed of in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures. | All staff |
| <u>6.</u> Absence from school for more than 15 days | |
| For those children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event advice & support may be sought from Medical/ PEVP panel. | Head Teacher |
| Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to suitable learning opportunities and will facilitate their links with other children so that friendships are sustained. | Head Teacher & All staff |
| <u>7.</u> Pupils with Long Term or Complex Medical Needs | |
| Where pupils have <u>long term</u> medical conditions they may need to take medicines in school, and this is more likely when Inclusive Education is being promoted as the way forward. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any problems. We use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment. | |

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| <p>Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. The PIMS Team and SENITAS may be contacted to support any adaptations to the curriculum or school environment. In some cases this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and /or the provision of specialist aids will need to be considered.</p> <p>Children on medication for conditions such as Epilepsy or ADHD may be given frequent changes of dose or timing of their medication when doctors are trying to achieve the right balance. It is essential that school work in partnership with parents/carers and the medical profession to support this.</p> <p>Occasionally there may be a need to monitor reactions in school.</p> <p>Nursing and emergency procedures may also be required and staff should be clear about these.</p> <p>All staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a child's medical condition. We will not penalise children for their attendance if their absences relate to their medical condition.</p> | <p>SENCO</p> <p>SENCO & Admin Team</p> <p>All staff</p> <p>All staff</p> |
| <p><u>8.</u> Individual Health Care Plans</p> | |
| <p>A written, individual health care plan will be developed where needed, to clarify for staff, parents/carers and the child, the support that will be provided and what training may be required. This will include</p> <ul style="list-style-type: none"> • details of the child's medical condition • any medication • daily care requirements • action to be taken in an emergency • parents/carers details including emergency contact numbers <p>Those who may contribute to a health care plan include</p> <ul style="list-style-type: none"> • The parents/carers • The child • The school nurse, specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs) • The Head teacher and/or SENCO • The class teacher, care assistant or teaching assistant • Support staff who are trained to administer medicines or trained in emergency procedures • PIMS team • It is good practice to have a health care plan endorsed by a health care professional and in many cases it is essential to do so | <p>SENCO</p> <p>All staff Parents</p> |
| <p>The school will agree with parents/carers how often they should jointly review a health care plan. The timing of this will depend on the nature of the child's</p> | <p>SENCO</p> |

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| <p>particular needs. In most cases, this will take place at the start of each school year; however, some plans will need to be reviewed more frequently depending on individual needs.</p> <p>Healthcare plans and training are not transferable, even when children have the same condition.</p> <p>The individual healthcare plan will accompany a child should they need to attend hospital. Parental/carer permission will be sought at the time of writing for sharing the plan within emergency care settings. Healthcare plans can be located in the child's classroom, in the purple medical file in the SLT office, and in the child's SEN file on the p drive.</p> | <p>SENCO</p> |
| <p><u>9. Training</u></p> | |
| <p>If school staff need to be trained to administer medical procedures, the school will contact the relevant health care professional, e.g. School Nurse, specialist nurse or children's community nurse. Parents/carers cannot be responsible for leading this training but parents/carers and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done.</p> <p>Parents/carers and school staff cannot cascade training that they have received when the training is specific to an individual child.</p> <p>School staff who have been trained are responsible for following and delivering the health care plan and if the child's condition alters they will contact an appropriate professional and the parents/carers, making them aware of the change and requesting further training if needed or an alteration to the plan</p> <p>School staff will request further training when needed, and professional updates at least once a year.</p> <p>Staff who have been trained in the child's care are responsible for following the procedures in children's care plans as they have been trained to do.</p> <p>The Head Teacher and SENCO will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed.</p> <p>Individual staff are responsible for identifying and communicating any changes that they notice in the child's care needs. The SENCO will inform parents/carers and health care professionals in writing and discuss whether further training is needed.</p> | <p>SENCO</p> <p>Head Teacher</p> <p>Individual staff SENCO</p> <p>Individual staff</p> <p>Individual staff</p> <p>Head Teacher SENCO</p> <p>Individual staff SENCO</p> |

| <u>10. Communicating Needs</u> | |
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| <p>A confidential file containing photographs of pupils with medical needs, together with outlines of their medical condition and action to be taken, is available to all teaching and support staff in the SLT office. Individual health care plans are also on display in the staffroom. Permission is sought from parents/carers prior to this.</p> | Head Teacher & SENCO |
| <p>Health Care Plans for individual children are also kept in the classroom where they are shared with and accessible to all staff involved in caring for the child.</p> | Class teacher |
| <p>Further copies and full medical records are stored in the child's personal file.</p> | SENCO |
| <u>11. Educational visits</u> | |
| <p>Visits and school residential trips will be planned so that pupils with medical needs can participate and reasonable adjustments will be made as appropriate to ensure that they are not discriminated against. A risk assessment will be undertaken. If this indicates that it is not safe for the pupil to participate in part of the experience because of their condition, then reasonable adjustments will be made and an alternative experience will be provided to ensure that they are enabled to join in the curriculum surrounding the trip.</p> | All staff |
| <p>Staff supervising excursions and residential trips will always make sure that they are aware of any medical needs, and relevant emergency procedures. Parents/carers of children participating in residential trips will need to complete required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during the course of the visit should be handed directly to the class teacher in accordance with the school's guidelines before leaving the school at the start of the trip.</p> | All staff Parents/carers |
| <p>A copy of individual health care plans will be taken on visits in the event of the information being needed in an emergency.</p> | Visit leader |
| <p>Arrangements for taking any necessary medicines will be made and, if necessary, an additional member of the support staff or an appropriate volunteer might be needed to accompany a particular child. Children's parents/carers will not be required to accompany their own children on school trips</p> | Visit leader |
| <p>If there is any concern about whether the school is able to provide for a child's safety or the safety of other children on a visit, then parents/carers will be consulted and medical advice sought from the school health service or the child's GP.</p> | Head Teacher SENCO |

12. Sporting Activities

All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their own abilities.

All staff
PE specialist
teachers

Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. This will include a reference to any issues of privacy and dignity for children with particular needs.

All staff
PE specialist
teachers

Staff are aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

All staff
PE specialist
teachers

13. Insurance:

This is a maintained school. The governing body will ensure that appropriate level of insurance is in place and appropriately reflects the level of risk. We link to the local authority as employers who are responsible for insurance arrangements of LA schools and their employees.

See also:

- Supporting pupils at school with medical conditions, DfE, Dec 2015
- Guidance on the use of emergency salbutamol inhalers in school, DoH, March 2015
- Guidance on the use of adrenaline auto-injectors (AAIs) in schools, DoH, Sept 2017
- School Allergy Management & Anaphylaxis Policy
- School Health & Safety Policy
- School Insurance Policy