



## Policy for Supporting Pupils at School with Medical Conditions

### East Boldon Infant School

#### **Responsible Person: Miss Lisa Holt, Headteacher**

This policy is written in regard to Section 100 of the Children and Families Act 2014 which places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. School should also adhere to the guidance in the Statutory Framework for the Early Years Foundation Stage (September 2014). We recognise that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The focus will be on the needs of each individual child and how their medical condition impacts on their school life.

#### **Aims**

- To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions, including pupils with a disability, are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.
- To give parents and pupils confidence in the school's ability to provide effective support and care.

#### **Procedure**

The person named above is responsible for ensuring that whenever the school is notified that a pupil has a medical condition the following procedures are adhered to:

- Sufficient staff are suitably trained
- All relevant staff are made aware of a child's condition
- Cover arrangements in case of staff absence/turnover are always available
- Supply teachers are briefed
- Risk assessments for visits and activities outside the normal timetable are carried out
- Individual healthcare plans are monitored (at least annually)
- Transitional arrangements between schools are carried out
- Following periods of absence the process to reintegrate pupils back into is clear
- If a child's needs change, the above measures are adjusted accordingly.

Where children join East Boldon Infant School 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.

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

Any pupil with a medical condition requiring medication or support in school should have an Individual Healthcare Plan made in conjunction with the school nursing team, which details the support the child needs. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be 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. All staff will be made aware of children who have a Healthcare Plan and procedures to be followed.

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
- The level of support needed including in emergencies
- Who will provide support, their training needs, expectation of their role and cover arrangements
- Who in 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 (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision.)
- 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
- Plans will be easily accessible to all who need to refer to them while preserving confidentiality
- What to do in an emergency, who to contact and contingency arrangements
- Where a child has a special educational need identified in a EHC Plan plan, the IHP should be linked to that plan
- Where a child is returning to school following a period of hospitalisation or alternative provision, the IHP will identify the support the child will need to reintegrate effectively.

In East Boldon Infant School all staff are made aware of children with medical conditions for which they may need support.

IHPs are held in the classroom along with any medication required.

Copies of IHPs are held in the office, first aid area and each classroom.

In the case of more serious conditions, all staff have a copy of the child's IHP.

### **Asthma and other ongoing long term conditions**

Children with inhalers in school need to have care plan from the school completed by parents. This allows teachers to go through all of the information with the parent about the inhaler, dosage to be administered as well as dates such as the expiry date. A printed label from the pharmacist should be on both the box and inhaler with all of the child's information on. It will not be accepted into school otherwise. This ensures all parties are aware of signs and symptoms and dates and full permission is given by the parent for the school to administer the inhaler. Parents as well as school keep a copy of the care plan and this should be updated annually.

Children may also need specific things such as cream/handwash in school. A care plan from the school also needs to be completed by the parent. This allows teachers to go through all of the information with the parent about the cream/handwash, dosage etc. A printed label from the pharmacist should be on the bottle/tube and as with the inhalers parents will sign to give full permission for the cream/handwash to be used in school. Parents as well as the school keep a copy of the care plan and this should be updated annually.

### **Short Term Medication**

From time to time there may be occasions where antibiotics need to be administered in school.

School can only give the dose if the medication needs to administered 4 times a day. Parents/carers are welcome to come into school to give the dosage to their child. If this is not possible then a member of school staff will administer the dose.

Parents/Carers must come into school on the first day of administering the medication in school (this must not be the first day however of the child having the medication) and complete a short term medication plan which outlines all of the information about dosage, time, storage. Parents/carers will sign to say they give permission for the school to administer the medication.

If the medication goes home with the child, it should be past from the class teacher to the adult collecting the child.

### **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 reflects the level of risk
- Should ensure that written records are kept of all medicines administered to children

### The Headteacher

- 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 assess training needs and ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency situations, and that 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 that may require support at school, but who has not been brought to the attention of the school nurse.

### 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.
- They should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does not constitute appropriate training in supporting children with specific 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
- All staff should know where to access details of the school nurse, children's emergency contact details, IHPs and individual's medication
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### School Nurses

- Are responsible for notifying the school when a child has been identified as having a medical condition that will require support in school
- May support staff on implementing a child's IHP, providing advice and liaison
- May provide training on the administration of medication, and the care and support of individual children

### Other Healthcare Professionals

- Should notify the school nurse when a child has been identified as having a medical condition that will require support in school
- May provide advice on developing IHPs
- Specialist local teams may be able to provide support for particular conditions (e.g., asthma, diabetes)

### Pupils

- Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP
- After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, under supervision
- Other pupils should be encouraged to be sensitive to the needs of those with medical conditions

### Parents

- Must provide the school with sufficient and up-to-date information about their child's medical needs and contact details in case of emergency.
- 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
- Should provide the school with the medication needed in school, and should liaise with the school to check that medication is in date and out-of-date medication is collected from the school

*If a child refuses to take medicine or carry out a necessary procedure, staff must not force them to do so. Parents must be informed so that alternative options can be considered.*

### **Managing Medicines on School Premises**

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 will be given prescription or non-prescription medicines without their parent's written consent.

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 in school without first checking maximum dosages and when the previous dose was taken. This should be documented.

School should not be administering pain relief medication in school unless prescribed and to be taken 4 times a day.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

We will only accept medicines that 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 may be available to school inside an insulin pen or a pump, rather than 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. Medicines such as asthma inhalers, blood glucose testing meters and adrenaline pens should be readily available and not locked away.

When children are out of school on a school trip, the teacher in charge is responsible for ensuring that risk assessments are carried out beforehand, parental permission is gained and all medicines are taken on the trip and are immediately available to the child for the duration of the visit. There should be adequate adult supervision for the administration of medicines and the staff member in charge should have appropriate training.

School 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 medication will be noted and reported to parents.

When no longer required or out-of-date, medicines will be returned to the parent to arrange for safe disposal. It is parents' responsibility to check the date of the medicine.

Sharps boxes will be used for the disposal of needles and other sharps.

Schools can now hold asthma inhalers for emergency use. They must be used in accordance with the *Department of Health guidance on the use of emergency salbutamol inhalers in schools (September 2014)*

### **Emergency procedures**

Individual Healthcare Plans give details of what should happen in an emergency situation. Staff have annual training ensures that staff are aware of emergency symptoms and procedures.

On school visits, staff follow the procedure for carrying out risk assessments and supervision during the visit to ensure the safety of all children.

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

Every effort will be made to support pupils with medical conditions and disabilities to enable them to participate. Parents will be consulted and adjustments will be made to activities as required unless advice from a clinician states that this is not possible.

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

It is not generally acceptable practise 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 and their parents; or ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently 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, for example, 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 the 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
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, for example by requiring parents to accompany the child.

## **Complaints**

Should parents or carers 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

Signed \_\_\_\_\_ Headteacher

Reviewed January 2017

\_\_\_\_\_ Chair of Governors      Date: