

ST MARY'S CE (A) FIRST SCHOOL POLICY DOCUMENT FOR SUPPORTING PUPILS WITH A MEDICAL CONDITION

Philosophy

St Mary's prides itself as an inclusive community that supports and welcomes pupils with medical conditions. We provide children with medical conditions with the same opportunities and access to activities as other pupils. No child will be denied admission or prevented from taking up a place in our school because arrangements for their medical condition have not been made. We are all God's children and our school will strive to take care of everyone to the best of our ability.

Legislation

DfE guidance - Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- monitoring of individual healthcare plans.

St Mary's recognises its duties as detailed in Section 100 of the Children and Families Act 2014. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs and disabilities (SEND) and may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in conjunction with the SEND code of practice.

Aims

At St Mary's we will;

- listen to the views of children and parents/carers.
- ensure that children and parents/carers feel confident in the care they receive from our school and the level of that care meets their needs.
- ensure that staff understand the medical conditions of children, and that they may be serious and adversely affect a child's quality of life and impact on their ability and confidence,
- understand our duty of care to children and know what to do in the event of an emergency. Other key staff such as first aiders and specific key workers will have further training, specific to individual needs.
- understand and support the medical conditions policy.
- focus on the needs of each individual child.

The governing body ensures that arrangements are in place to support children at school with medical conditions. The Headteacher and SENCO will consult health and social care professionals, children and parents to ensure that the needs of children with medical conditions are effectively supported.

Guidelines

THE ROLE OF THE GOVERNING BODY

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.

THE ROLE OF THE HEADTEACHER

- To make sure all staff are aware of this policy and understand their role in its implementation;
- To 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;
- To take overall responsibility for the development of IHPs;
- To make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way;
- To 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;
- To ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

THE ROLE OF 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.

THE ROLE OF THE SCHOOL NURSE TEAM

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. Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

THE ROLE OF CHILDREN

Children with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

THE ROLE OF PARENTS/CARERS

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.

INDIVIDUAL HEALTH CARE PLANS

The Head Teacher will ensure that procedures are followed whenever a school is notified that a pupil has a medical condition. The Head Teacher is responsible for individual healthcare plans and their development and use in supporting children at school with medical conditions.

Individual Health Care plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind, and to assess and manage risks to the child's education, health and social well-being and minimises disruption.

When deciding what information should be recorded on individual healthcare plans, the named person considers 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 eg crowded corridors, access to facilities;

- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, 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). If a child is self-managing their medication, this should 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 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 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 child can participate, eg 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.

See appendix A for procedures for developing individual healthcare plans

Procedures for administering medicines in school

We want all our children to be happy, safe, fit and well. In order to achieve this, we believe a clear policy on the handling and administration of medicines in school is necessary to safeguard all of the children in our care.

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. The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

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. Children 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 for staff to administer with children and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

a) Medical Equipment:

It is the responsibility of the First Aid staff in school to ensure that the first aid stocks are checked and replenished regularly and that all first aid equipment is maintained. Where deficiencies are identified ensure new stock is ordered by placing an order with the School Office Manager.

b) Storage, administration and handling of Medicines:

For safety reasons, all medicines are stored centrally in the school office (unless there is a requirement for the medication to be stored below a certain temperature, then the fridge will be used) and are handled by

adults only. Parents are asked to deliver any medication to school via the office and to collect them at the end of the day in the same way. At no time should children be given medicines to bring in or take home from school. Only medicines that have parental authorisation and are appropriately named in the original packaging and prescribed by a doctor are allowed in school.

c) Timing of Administration of Medicines:

The school will only administer prescribed medication that must be given four times a day and this will usually be given at midday. The Head teacher must give authorisation for medicines to be administered at any other time in exceptional circumstances.

d) Parental Authorisation Forms:

Before medication can be given in school, Parents must complete the appropriate authorisation for administering medicines in school form, clearly indicating the name of medication and relevant dosage to be taken. These forms can be obtained from the school office.

All forms must be checked by authorised First Aid staff on a regular basis to ensure accuracy of information and expiry dates of medicines.

e) Medicine Administration:

First Aid staff dispense all oral medicine to children and supervise diabetic children administering their own insulin. Children with asthma, administer their own medication under supervision of the First Aider or a class teacher.

f) Non-prescribed Medicines:

Due to the increasing number of children receiving medication in school, medicines that are not prescribed such as cough lozenges etc. will not be administered by First Aid staff and are not to be brought to school.

g) Administration of Antibiotics:

The administration of antibiotics in school will be permitted only if the recommended dosage is four or more times per day. A prescribed dosage of 3 times per day is usually taken at home before school, after school and at bedtime. This can be discussed with the Head Teacher.

h) Monitoring of Administration of Medicines:

When a child receives medication in school, details are to be recorded on the appropriate Daily Medical Register which is located in the school office.

i) Qualified First Aid Staff:

First Aid staff must hold the appropriate up-to-date certificate and should attend renewal courses as appropriate. All staff in EYFS are qualified in Paediatric First Aid.

j) Educational Visits:

A portable First-Aid kit and individual pupil's medicines must be taken on all off site visits. This is the only time medication will be allowed outside the designated storage area for medicines in school. On such visits medicines are to be transported and administered by a designated member of staff (see Educational Visits Policy and relevant authorised Risk Assessments for each visit).

k) Unacceptable Practice when handling medicines in school:

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice 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 or 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 unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg 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, eg by requiring parents to accompany the child

1) Intimate Care

In most cases, intimate care is linked with personal hygiene and it is good practice for the school to inform the school nurse of all children requiring regular intimate care. Intimate personal care tasks can include:

- washing of the body,
- dressing and undressing,
- toileting and support with wiping children after using the toilet and changing underwear following an accident.

Most children are able to carry out these tasks themselves. However, depending on a child's age and stage of development, they may need some support.

Every child has the right to privacy, dignity and a professional approach from all staff when meeting their needs and it is important that staff work in partnership with parents to give the right support to an individual child. The parent of any child who regularly requires intimate care will meet with the staff and agree the procedures of intimate care for their child.

Usually one member of staff will be present to support the child, however heavy soiling incidents may require two members of staff to be present.

Monitoring

Senior Leaders and Governor's Curriculum Committee.

Yearly update of personal information.

Reviewed bi-annually

Policy adapted January 2022

Review regularly until January 2024

Appendix A

Procedures for developing individual healthcare plans

