



# North Crescent Primary School

## Supporting Children with Medical Conditions

*Read in conjunction with:*

- *First Aid Policy*
- *First Aid Procedures*

Last Review	September 2023
Next Review	Biennial or as required by changes in legislation

## Supporting Children in School with Medical Conditions

### Policy written following Statutory Guidance from DfE

## **Introduction**

Our school is an inclusive community which supports all pupils. Any medical condition whether long or short term may result in periods of absence from school, create barriers to learning and affect social, emotional or physical well-being. It is therefore important that we work in collaboration with all parties; the governing body, school staff, parents/carers, pupils and health and social care professionals and other agencies.

## **Our Aim**

To support all children in school, including those with medical needs, both physical and mental health conditions, to play a full and active role in all aspects of school life, remain healthy and achieve their full potential.

## **Roles and Responsibilities**

**The Governing Body must, as part of their Safeguarding duties ensure:**

- That arrangements are in place to support pupils with medical conditions so that they can have a full education and the same rights to admission, can access and enjoy the same opportunities as their peers
- School leaders consult and work with parents/carers, pupils, and relevant professionals, to ensure the needs of children with medical conditions are met and effectively supported and that parents feel confident that school will provide effective support that makes them feel safe
- That staff are sufficiently supported through training, and have awareness of risk assessment, alternative provision, reintegration, transition needs and monitoring of individual care plans
- Ensure that the health of the pupil or others is not put at risk
- Ensure that procedures and systems are effectively followed and monitored
- That the school is following the DfE guidelines

**The Local Authority must:**

- Promote cooperation between all relevant parties
- Provide advice and guidance to ensure support specified can be delivered effectively and support pupils to attend full time.
- Make arrangements for suitable educational provision
- Make arrangements for a child who will be away from school for 15 days or more (consecutive or cumulative in a school year) because of health needs

**The Headteacher must ensure:**

- The policy is developed and effectively implemented.
- All staff and members of the Governing Body are aware of their roles and responsibilities including induction to new staff.
- Sufficient numbers of staff are trained and supported; first aid notices are around the school.
- That there are contingency and emergency plans in place, for example Individual Health Care Plans.
- Pupils are not penalised for their attendance record if absence is related to their medical condition
- That Individual Healthcare Plans (IHP's) meet the needs of the pupil and school and that staff are insured to cover medical arrangements.
- That risk assessments are completed.

**All school staff must:**

- Understand the Medical Conditions Policy.
- Know who the designated first aiders are and follow health and safety procedures and guidelines.
- Know which children in the school community have medical conditions and individual care plans and the procedures they need to follow.
- Ensure pupils with medical conditions are not excluded unnecessarily from activities in which it is safe for them to take part.
- Be aware of how any medical condition may affect learning and therefore support pupils appropriately.
- Liaise with the person responsible for medical conditions (office administrator) should concerns arise.

**First Aiders must:**

- Give immediate help to any child with illness or injury.
- Ensure emergency medical help is sought where needed
- Be responsible for safe storage of medicines.
- Ensure that accidents, medicine administration, and treatments are logged, and illness observed, and that relevant parties are informed where necessary.

**Inclusion Leader must:**

- Update medical conditions policy.
- Know which children have medical conditions and which have additional needs due to their condition/s and ensure relevant staff awareness.
- Ensure necessary arrangements are made for intervention or access arrangements.
- Liaise with child, parents/carers and other professionals and specialists in order to understand and best support a child's medical needs and any associated needs resulting from this.
- Ensure that Individual Healthcare Plans (IHP's) are written alongside relevant professionals and updated as needed and monitored.
- Monitor progress and achievement of those with medical conditions

**Health Care Professionals, such as GP's, Specialist Health teams and Paediatricians must:**

- Notify the school nurse team when a child is identified with a medical condition which will require support in school.
- Provide advice, support and information for children with medical conditions including the development of IHP's

**School Nursing Team must:**

- Be responsible for notifying schools regarding children with Medical Conditions which require support.
- Support the provision and implementation of IHP's, and provide advice liaison and training.

**Parents/Carers must:**

- Provide up to date information regarding their child's needs including to those who lead out of school activity clubs their child attends.
- Ensure that all nominated contact details are updated
- Ensure all equipment and medication is in date and on the premises as needed
- Attend appointments and provide relevant documentation
- Ensure IHP 's are in place and up to date if needed
- Work in partnership with schools and other professionals to ensure actions identified on IHP's are carried out

**The pupil themselves must where possible:**

- be encouraged to provide information themselves on how their condition affects them and how they can best be supported
- be encouraged to take responsibility for managing medicines and procedures reflected in IHP's
- inform staff if feeling unwell

**All Pupils must:**

- treat each other with respect
- know how to respect medicines
- inform staff if another pupil is unwell or injured

## **Administration of Medicines and Record Keeping**

Written records will be kept to protect staff and children and provide evidence that correct procedures are being followed. The administration of medication will be given only in the case of the following;

- a) as set out in an Individual Healthcare Plan (See below)
- b) when it would be detrimental to a child's health or school attendance not to do so (see below)

Medication will be given by a designated member of staff and witnessed by a second adult ensuring that the right amount of the right medication is given to the right child at the right time. Both members will sign the records which will show the pupil name, date, dose, medicine and time.

Any reaction to medication will be documented and parents/carers informed as soon as possible.

If a child refuses medication, parents/carers will be informed as soon as possible.

### **Individual Healthcare Plans (IHP)**

Individual Healthcare Plans help to ensure that schools can effectively support pupils with medical conditions in such cases where the condition fluctuates, long term needs, or those which need high risk emergency intervention. An IHP will be drawn up in consultation with parent/carer, pupil as appropriate, school staff and healthcare professional/s. It may identify training needs. They

- ✓ Safeguard all parties
- ✓ Provide clarity about the condition and what needs to be done, medication needed when, by whom and steps taken by the school to help the child manage their condition and overcome any barriers in getting the most out of their education. There may also be a separate transport plan in some circumstances.
- ✓ Show how they might work with other services
- ✓ Outline any emergency procedures needed.

Copies of IHP 's will be kept in class by CT and in the back school office for immediate information. It will be the parent/carer's responsibility that they remain updated and in line with the most current needs, medication and support. However school or other Healthcare professionals can request they be updated also at any time. Photographs of children on IHPs are in the Medical Room and available on Arbor.

Process for developing IHP's and what should be included, can be found in appendices A and B.

### **Medication not covered on IHPs**

Children may require medication in the short term in order that they are able to continue to attend school regularly. Where possible, we will encourage medication to be administered at home. However, if medication is required during the school day, then a parent/carer will be required to complete and sign permission on a 'Request for School to Administer Medication' form and give it to the office staff at the same time as the medication. This details written instructions from the parent or the pharmacist.

Prescribed medication should only be accepted if it is in date, in the original dispensed container, clearly labelled with instructions for dose, and storage. The administration of the medicine must match that of the information given on the completed form.

Medication for pain relief should not be accepted and given to pupils under 16 if it contains Aspirin, unless prescribed.

Other pain relief should never be administered without first checking max dosage, when the previous dose has been taken, and with parent's consent (The exception might be Insulin where it may be inside an insulin pen or pump when brought to school).

It is the parent/carer's responsibility to collect and supply medicine each day, as necessary.

### **Inhalers (for Asthma)**

Children requiring an inhaler for the relief of asthma, will, where appropriate be encouraged to self-administer according to given instructions. Their inhaler will be accessible by being kept in a central place, a safe box, within their classroom. The child will inform a member of staff that their inhaler is required and will be supervised in its administration. We will keep a list of children who require an inhaler to be kept in school. It is the parents/carers responsibility to ensure the inhaler is within date.

If a pupil needs to use their inhaler, then this should be recorded and parents to be advised, by the supervising adult, stating time and number of puffs taken.

### **Adrenaline Pens (Epi-pens)**

Children who require an Adrenaline Pen will have an IHP which will outline triggers, signs and symptoms and steps to be taken should a reaction occur. A copy of the IHP will be kept with assigned Adrenaline Pens.

Staff are trained to administer adrenaline pens according to local health guidelines and annual training.

- a. Epi-pens for children with allergies are kept by teachers in the classroom.
- b. Back up supplies are held in a secure cupboard in the school office - if two pens have been supplied.
- c. When off-site activities are arranged, the epi-pens are taken with the child.
- d. Midday Assistants are trained to access and use the epi-pens. A record is kept.
- e. An emergency pen is held in the school office. Parental permission must be sought and given before it can be used.

## **Emergency Procedures**

As part of risk assessment processes, arrangements will be in place for dealing with emergencies for all school activities wherever they take place.

All IHPs should clearly define what constitutes an emergency explaining what to do.

If a child needs to be taken to hospital, school staff will stay with the child until the parent arrives or accompany the child by ambulance.

### **Storage of Medicines** (*Apart from Inhalers/Adrenaline Pens*)

Any medication administered in school, will only be given as part of an IHP or a parent/carer request form and permission. Medicines will be handed directly to the school office accompanied by appropriate documentation. The medicines will be stored according to storage instructions but away from child access.

There are washing and toilet facilities away from teaching areas to maintain high standards of hygiene.

Separate bins are used for disposal of First Aid materials and a sharps box will be used for disposal of any needles.

Parents will be given unused medication at the end of treatment to dispose of in the correct manner.

## **Infectious Disease or Illness**

The school takes guidance from the School Nurse Team and from the document 'Management of Specific Infectious Diseases' from the Public Health group Sept 2013. The only exception to this is sickness, when we say that a child cannot be in school for 24 hours following the last bout and providing they are eating properly.

### **Daily management of injuries/ illness**

Section 3 of the Children Act 1989-provides a duty on a person with the care of a child (who does not have parental responsibility) to do all that is reasonable in all circumstances for the purposes of safeguarding or promoting the welfare of a child. All accidents/injuries are dealt with as soon as possible.

Cuts and grazes are cleaned with water where possible, or by baby wipes. Plasters or dressings are applied if appropriate. First aid kits are taken out for play and lunchtimes by a nominated staff member. There is also a first aid kit in each class area so that minor injuries can be dealt with and logged straight away.

Knocks and bumps have an ice pack/cold compress applied if appropriate. The office is advised of any knocks/bumps to the face or head. The primary parent/carer for the child is contacted by text to inform them of the injury. If, on assessment of the injured child, the office first aider has any concerns, the parent/carer is telephoned to discuss the injury and the concerns. At this point, the Office team usually requests that the child is taken home from school for close observation or medical attention by parents/carers. First aid protocols will be followed and medical attention sought immediately as required.

## **Day Trips/Sporting Events/Residential Visits**

We actively support and encourage pupils with Medical Conditions to be able to participate in all events offered.

Staff will be aware of the impact a medical condition may have on a pupil's participation. We will make any reasonable adjustment for pupils to participate according to their own abilities unless there is evidence from a clinician to state that this is not possible.

A risk assessment will be carried out prior to the event, so that planning arrangements take into account steps needed to ensure inclusion. This will require consultation with providers, parents/carers, pupils and relevant professionals to ensure the pupil can participate safely, and documented accordingly.

## **Staff Training**

All staff and governors understand the school's emergency procedures.

Each member of the School Team and Health Community understand their roles and responsibilities in order to maintain effective support in school for pupils with Medical Conditions.

Staff are trained, as required, to support pupils with medical conditions at school, on a day to day basis and in what to do in an emergency situation.

Staff are aware of the need for confidentiality at all times.

First Aid Training is provided to school staff and updated in line with Local Authority Guidelines.

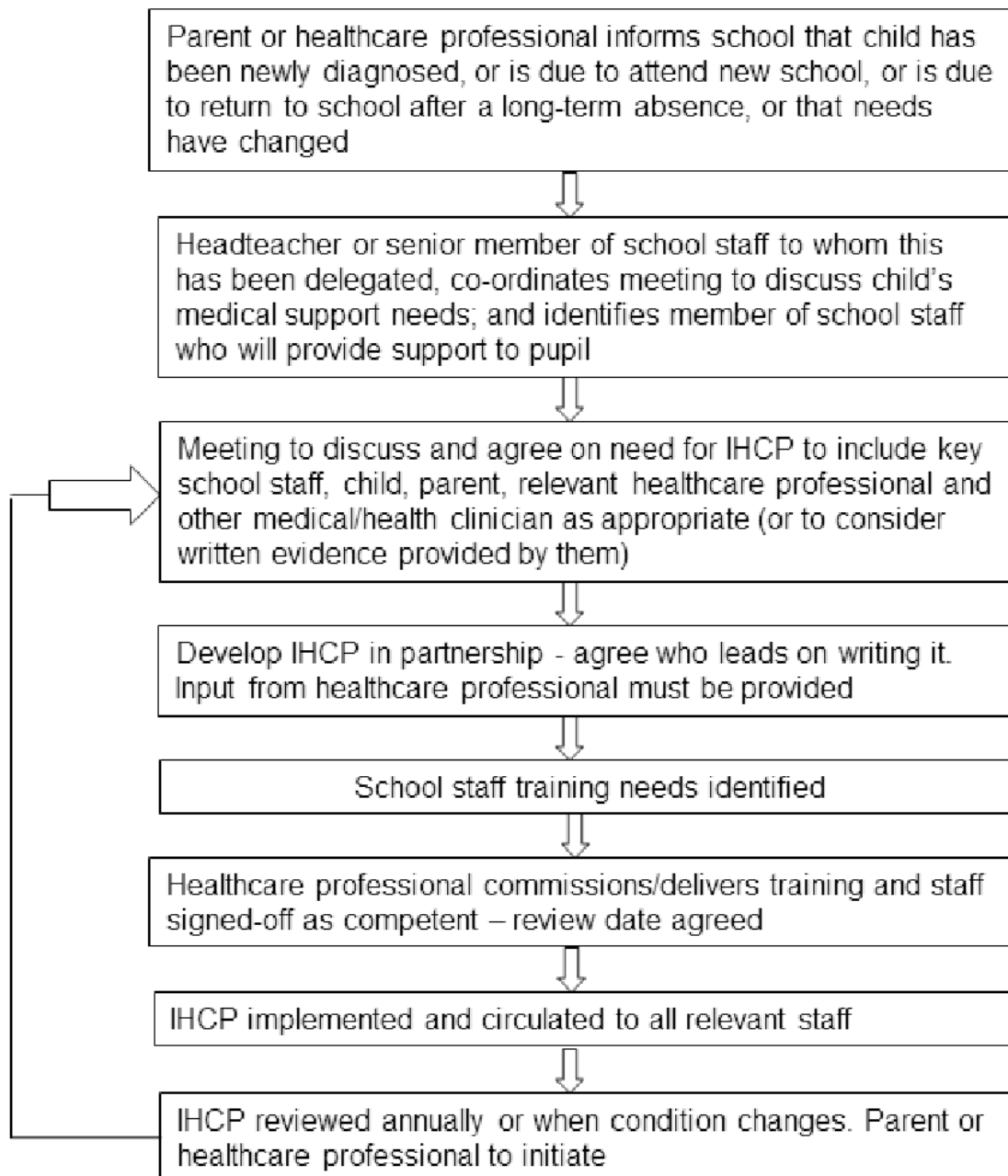
Some members of staff are trained in Paediatric First Aid.

Risk Assessments are undertaken for all school visits, residential visits, sporting events and extra-curricular activities.



## Appendix A

Where a child has a medical condition and also has a Special Educational Need the IHP should be linked to or become part of any EHC.



## Appendix B

When deciding what information should be recorded on individual healthcare plans, the following should be considered:

- 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 (some children will be able to take responsibility for their own health needs) including in emergencies. 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, e.g. 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.

## Appendix C

### Definitions

Definition of SEND: special educational needs is one or a combination of four areas affecting learning:

- *Communication and Interaction*
- *Cognition and Learning*
- *Social, Emotional and Mental Health difficulties*
- *Physical and/or Sensory Needs*

Definition of disability: A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities