

# **Cranford Park Church of England Primary School**

## **Supporting Pupils with Medical Conditions Policy**



<b>Approved by:</b>	FGB	<b>Date:</b> May 2018
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<b>Last reviewed on:</b>	20 <sup>th</sup> May 2021
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<b>Next review due by:</b>	May 2024
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## **Purpose**

In line with the duty, which came into force on 1<sup>st</sup> September 2014, to support pupils at school with medical conditions we are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at Cranford Park Primary School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

No child with a medical condition 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 will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and it is readily accessible to parents and school staff.

## **Policy implementation**

The named person, who has overall responsibility for policy implementation, is Georgina Edwards (Headteacher)

They will

- ensure that sufficient staff are suitably trained;
- ensure that all relevant staff, including temporary & supply, 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;
- brief supply teachers;
- ensure that risk assessments are carried out for school visits, holidays, and other school activities outside the normal timetable;

and

- monitor individual healthcare plans.

## **Procedure to be followed when notification is received that a pupil has a medical condition**

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within two weeks
- not wait for a formal diagnosis before providing support to pupils

### **Individual healthcare plans**

All children with a medical condition should have an Individual Healthcare Plan (IHP). Any parent reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP). It is a legal requirement that this is updated annually. At our school we will ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimises disruption.

Our IHP requires information about:

- 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 (NB 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**;
- 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;
- **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.

## **Roles and responsibilities**

At our school those people involved in arrangements to support pupils at school with medical conditions include:

- Karen Gill – qualification held in Paediatric First Aid
- Allison Nunn – qualification in First Aid at Work and Supporting Children with Medical Needs
- All class teachers and support staff

## **Staff training and support**

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training (see training record appendix 2). Training needs are assessed regularly and training will be accessed through HTLC or other appropriate provider.

Any member of school staff providing support to a pupil with medical needs will have received suitable training

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

## **The child's role in managing their own medical needs**

Where children are deemed competent to manage their own health needs and medicines (e.g. asthma inhalers) by their parents and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

## **Managing medicines on school premises**

At our school:

- medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child will be given prescription or non-prescription medicines without their parent's written consent
- we will never give medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken. We will always inform an adult with parental responsibility by text message if medicine is administered "as required" rather than at a set time so that they are clear
- where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours
- we will only accept prescribed medicines if they are:

- **in-date**
- **labelled**
- **are provided in the original container as dispensed by a pharmacist**
- **include instructions for administration, dosage and storage.** *(NB The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container)*
- all medicines will be stored safely and appropriately
- Children will know where their medicines are at all times and who to contact to administer them. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always be readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps
- we will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. A record will be kept of any doses used and the amount of the controlled drug held.
- school staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- where possible 2 members of staff will be present when any drug is administered
- **We 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 the medication to be administered at school will be noted in school. If the school notice any side effects they will report them to parents.**

## **Non-prescribed medicines**

At our school we will administer non-prescription medicines provided by the parent/carer.

- we will only accept non-prescribed medicines if they:
  - are in-date
  - are labelled with child's full name
  - are provided in the original container
  - include instructions for administration, dosage and storage

## **Record keeping**

We will ensure that written records are kept of all medicines administered to children.

We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents will be informed if their child has been unwell at school.

## **Emergency procedures**

Our school's policy sets out what should happen in an emergency situation.

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures. We will ensure other children in the school know what to do in the event of an emergency ie. informing a teacher immediately if they are concerned about the health of another child.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parent arrives.

## **Day trips, residential visits and sporting activities**

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

As a school we will:

- ensure children always have access to their inhalers and medication and are supported to administer this if needed
- consider the views of the child, their parent and any medical opinions
- support children with medical conditions to participate fully in all activities
- provide comfort and emotional support (from an appropriate adult) to any child who becomes ill whilst at school
- show understanding and not penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- allow pupils to drink, eat or take toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- discuss alternative arrangements when parents are unable to attend school to provide medical support to their child, including toileting issues so that no parent is required to give up working

## **Liability and indemnity**

Our Service Level Agreement with HCC covers us for insurance purposes as all training and risk assessment will have taken place.

## Complaints

If you have a complaint about how your child's medical condition is being supported in school please contact the Headteacher or the Chair of Governors in the first instance.

## Emergency Asthma Inhalers

Since 2015 schools may hold asthma inhalers for emergency use. This is entirely voluntary, and the Department of Health has published a protocol which provides further information. As a school we have agreed to purchase and keep an emergency inhaler. This will only be used for those children who are already prescribed asthma inhalers and where parental consent to use the emergency inhaler has been given. They will only be used in an emergency and at all times the school will seek to use the child's prescribed inhaler if possible.

*The Governing Body believes that fairness and consistency of judgment is essential to the operation of the school. All members of the school have equality of opportunity to achieve their full potential and will not be discriminated against because of age, disability, gender, sexual orientation, nationality, race, or religion. The*

*Governing Body believes that the school always has to be aware of the potential for unconscious discrimination, to avoid assumptions about individual members of the school based on stereotypes and to use the teaching and learning arrangements actively to encourage everyone to achieve their full potential. All our policies are consistent with our duty of care to protect our pupils and to provide a learning environment that is safe and healthy. In all our dealings, we respect the strict code of confidentiality that underpins our school ethos.*