




**Outwoods Edge
Primary School**
Every Child. Every Day. Every Future.

Supporting pupils with medical conditions

Signed by:



Headteacher

Date: 21.02.22



Governor

Date: 21.02.22

Date of next review: February 2024

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1. Aims

This policy aims to ensure that:

- › Pupils, staff and parents understand how our school will support pupils with medical conditions
- › Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- › Making sure sufficient staff are suitably trained
- › Making staff aware of pupils' conditions, where appropriate
- › Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- › Providing supply teachers with appropriate information about the policy and relevant pupils
- › Developing and monitoring individual healthcare plans (IHPs)

Entitlement:

Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. Outwoods Edge Primary School provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this.

However, we also recognise that employees have rights in relation to supporting pupils with medical needs, as follows: Employees may:

- Choose whether or not they wish to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with medical conditions

The named person with responsibility for implementing this policy is Miss Amy Kitson.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

3. Roles and responsibilities

3.1 The governing board

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 governing body will ensure that an appropriate level of insurance is in place which reflects the level of risk presented by children with medical conditions.

3.2 The headteacher

The headteacher will:

- Has overall responsibility for the implementation of this policy.
- Make sure all staff are aware of this policy and understand their role in its implementation, giving time for co-ordination and training as necessary.
- 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
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 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.
- School staff who have a specific role in managing the support of pupils with medical conditions are the SENDCo (also MENC0), the teacher and the classroom support staff for each individual child will provide the majority of the support the child needs.

3.4 Parents

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, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them.
- Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs.
- They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

- The school has a named school nurse from Leicestershire Partnership NHS Trust.
- 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. They may also support staff to implement a child's IHP.
- Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the school's MENC0.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the MENC0 will consider the following when deciding what information to record on IHPs:

- 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, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil'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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

Only essential medicines will be administered during the school day. These will be only those prescribed by a doctor. Parents must submit a written permission slip before any medicine is administered. Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the policy. Non-prescribed medicines will not be administered unless specified in the child's IHP.

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

All doses administered will be recorded in the Administration of Medicines book (located in the school reception office).

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. Pupils will be informed about where their medicines are at all times and be able to access them immediately. All medicines will be stored safely and appropriately. Appendix A shows the location of each child's medication. Some medicines (inhalers, etc) will be kept in the child's classroom and carried with the children, for ease of access during outside and off-site activities. All medicines must be clearly labelled with the child's name.

Staff will record any doses of medicines given in the Medicine book. Children self-administering asthma inhalers do not need to be recorded.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. Sharps boxes are returned to parents for safe disposal.

Epi-pen – A protocol and record sheet is kept with each individual epi-pen, and cetirizine if prescribed. The protocol is signed by staff willing to administer the pen. Appendix B lists members of staff who are trained and willing to administer epi-pens and other emergency medication.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. 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 pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

7.4 Day trips and sporting activities

The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

All medication including epipens and inhalers are to be taken out for day trips, bikeability, swimming, etc, and there must be a member of staff able to administer the epipen going out on any occasion that a child who has an epipen is taken out of school. The school will carry out risk assessments regarding the participation of pupils with medical needs. The school may meet parents as part of preparing to meet the child's needs on a trip. Where possible the school will arrange adjustments to the programme, accommodation or food provision to meet a child's needs.

7.5 Policy Implementation

- When a child with medical needs is offered a place at Outwoods Edge, or a child already on roll develops a new medical condition, the school will make every effort to put appropriate arrangements in place in a maximum of two weeks. It is not necessary to wait for a formal diagnosis before making necessary arrangements.

- Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in the staffroom, and in their class register. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly labelled in the lockable cupboard in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's records and this information will be provided to class teachers annually.
- The school is committed to making sure that all relevant staff will be made aware of the child's condition, through liaison between the headteacher, Medical Needs Co-ordinator, SENCO and class teacher
- briefing for supply teachers,
- The school will make sure risk assessments for school visits, holidays, and other school activities outside of the normal timetable include provision for pupils with medical conditions.
- The school will monitor individual healthcare plans.

8. Emergency procedures

In a medical emergency, teachers have been appropriately trained to administer first aid at work, emergency paediatric first aid if necessary. If possible, the school's First Aiders will be asked to attend.

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to the hospital.

The school has emergency inhalers for use by children in an emergency – please see asthma policy for more details. The school also has a defibrillator for use in emergencies.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Outwoods Edge Primary School is insured by LAIS, who provide full insurance, providing the adequate cover for staff providing support to pupils with medical conditions.

12. Complaints

Should parents be unhappy with any aspect of their child's care at Outwoods Edge Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Outwoods Edge Primary School Complaints Procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every two years.

14. Links to other policies

This policy links to the following policies:

- › Accessibility plan
- › Complaints
- › Equality information and objectives
- › First aid
- › Health and safety
- › Safeguarding
- › Special educational needs information report and policy

Appendix A

Medicine Storage

EMERGENCY MEDICATION

Epipens: Named boxes

Foundation Stage:

First Aid Cabinet in Disabled Access Room

Key Stage 1:

First Aid Cabinet outside Key Stage 1 toilets

Key Stage 2:

Kept in class bases

NON-EMERGENCY MEDICATION

Foundation Stage:

Fridge for medication requiring refrigeration

Cupboard above fridge for other medication

Key Stage 1 and 2:

Fridge in Cash Office for medication requiring refrigeration.

Residential medication is the responsibility of the member of staff on the trip who has taken responsibility for health matters.



Appendix B

Staff trained for emergency medical situations

A signed list of staff who have been trained and are willing to administer adrenaline and bucoclam is kept by the Medical Needs Co-ordinator and details are available on the staffroom notice board. For individual children, their medicine boxes contain details of who can administer their medication.

The following is a sample record sheet of those who have received training in a specific medication:

FOR THE ADMINISTRATION OF PRE-PREPARED ADRENALINE INJECTION AS A TREATMENT FOR ANAPHYLAXIS BY NON-MEDICAL/NURSING STAFF

Volunteers to administer pre-prepared adrenaline injection

<u>Name:</u> <u>Signature:</u>	<u>Date:</u>
<u>Name:</u> <u>Signature:</u>	<u>Date:</u>
<u>Name:</u> <u>Signature:</u>	<u>Date:</u>
<u>Name:</u> <u>Signature:</u>	<u>Date:</u>
<u>Name:</u> <u>Signature:</u>	<u>Date:</u>

Appendix C

Being notified a child has a medical condition

