



Medicine & Supporting Pupils at School with Medical Conditions Policy

Date	Reason for issue	Approved: Governors & Staff	Review Date
Updated Sept 2017 & again April 2018	Revision of policy as a result of merger: Jan 2018		April 2019

Expectation

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at Brackensdale Primary School with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our School website.

Policy Implementation

All schools and academies are expected by Ofsted to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the successful administering and implementation of this Policy is given to David Hall, Principal. He will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site.

Class teachers will be responsible for briefing supply teachers, risk assessments for school visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

Definitions of Medical Conditions:

Pupils' medical needs may be broadly summarised as being of two types:

- Short-term affecting their participation in School activities because they are on a course of medication.
- Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

The Role of Staff at Brackensdale Primary School

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN Code of Practice and SEN Policy.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. School, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Individual Health Care Plans

Individual Health Care Plans will be written and reviewed by Kim Cooper & Helen Wallace (SENCO & AHTs) in liaison with Karen Stone (Learning Mentor & First Aider) but it will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school.

Individual Healthcare Plans will help to ensure that the School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The School, health care professional and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal, David Hall, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in the statutory guidance: *Supporting pupils at school with medical conditions December 2015 (DfE)*

Individual Health Care Plans will be easily accessible to all who need to refer to them in the health care file, in the school office, preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. If it is a food allergy then it will be displayed in all necessary areas, including the dining area. ALL STAFF will be informed of those children who have an Individual Health Care Plan to ensure their health and safety in school. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.

Individual Health Care Plans, (and their Review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Lead Professional (usually the SENCO/AHT -Kim Cooper or Helen Wallace) with support from Parents/Carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the School.

The School will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the School assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

It is a necessity that an Individual Health Care Plan includes:

- 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/noisy conditions, 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 assessments, use of rest periods or additional support in catching up with lessons, learning mentor 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/Carers and David Hall 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 Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

Aims

- To provide an environment which ensures safety, protection and privacy.
- To encourage each child to reach his/her maximum level of independence.
- To provide good communication with parents/carers on all care issues

Personal Care and Hygiene-Toileting

Main School

Normally it is expected that children in nursery and main school will use the toilet independently, unless there is a medical condition. Some children in the mainstream school with additional needs may require help to become continent.

- The TA or teacher with whom the child is most familiar will provide help, but other adults can do so if they are not available.
- If the problem persists then a referral to the school nurse will be undertaken.
- Freshening and changing will take place in the shower/toilet room in the mainstream nursery and disabled toilet to provide privacy. Gloves will be worn and the bed disinfected after use. Soiled nappies/trainer pants will be disposed of in the bins provided.
- Changes of clothes are stored in the medical room, Ark and nursery. Soiled clothes should be rinsed in a bucket of hot water and sent home in a plastic bag with a written or verbal explanation from the teacher or TA.

The Ark

Some children in this class may still use nappies and need help with learning to use a potty or toilet. There are changing facilities located next to the classroom with a changing bed. To ensure safety, protection and privacy

- Parents/carers to provide nappies and wipes in a clearly labelled bag.
- The TA and teacher will be the prime carers and will change and wash the child when needed, or another member of the team if necessary.
- Changing will be a positive experience for the child through praise and encouragement.
- Gloves must be worn and the changing bed disinfected after use.
- Used nappies will be placed in the appropriate disposal bin.

Medical Care (Accidents and Illness)

Accidents

- Minor cuts, grazes and bumps will be dealt with by a member of staff or lunchtime supervisor, who will seek advice as needed from a first aider.
- Accidents will be treated by Karen Stone in the first instance, or another first aider such as Julie Bushnell or Daniel Lodge whose names will be displayed in the medical room of the school, and in the Nursery and the Ark.
- Anyone treating a child will wear gloves and dispose of them in the bin provided.
- All accidents must be recorded in the accident books which are located in:
 - the Medical Room in the school
 - the large store cupboard in the Ark main classroom
 - the drawer in the Mainstream Nursery
- The member of staff providing treatment will inform the child's teacher and/or TA of accidents.
- The child's teacher or TA will inform the parents/carers verbally and use the form located in the medical file. If it is a head bump or facial injury the parent/carer **MUST** be informed either by telephone or at the end of the day whichever is most appropriate. Staff will also inform the taxi escort where children are brought to school by taxi.
- In the most serious cases an ambulance will be called and parents/carers informed immediately.
- Other more serious accidents will also be reported to the first aider and then to parents/carers so that they can collect their child and make a decision if a hospital/doctors visit is needed.
- If parents/carers are not contactable and hospital treatment is needed, 2 members of staff will take the child to hospital and parents/carers will be asked to join them. (The member of staff **MUST** be insured if using their car and a list of insured staff is available in the medical room).

Refer to the policy for accidents and incidents: **Health and Safety Regulations re: 'Informing the LA & Investigating of Accidents'**, located in the staffroom.

Record Keeping

A daily log of all first aid incidents is kept. **All incidents involving the head will be subject to immediate contact with the parents**, including facial injuries, in less serious situations, a note advising the parent of the incident and action taken by the school. Parents to be verbally informed if there is a facial injury even if it is relatively superficial and not just discover this when they collect their child at the end of the day.

All administration of medication is recorded.

Staff accidents

All accidents will be reported and recorded on the forms provided. A 'first aider' will provide advice. Where a child hurts a member of staff, then an 'Abuse, Aggression and Violence Incident Report' form should be completed. These will be scanned and sent to the Local Authority termly.

First Aid

First aid provision is based in three areas-Medical Room, Nursery and the Ark. Each area has a First Aid box and the following people are first aid trained: Karen Stone, Helen Mo, Judi Shelton, Ann Phillips, Sonya Clarke, Wendy Briggs, Julie Bushnell & Daniel Lodge.

Resources for First Aid

Karen Stone is responsible for ensuring first aid resources are well stocked and in date. She will monitor the availability of first-aiders on a daily basis and arrange cover as required.

Karen will carry out first aid equipment in the event of evacuation.

A first aid kit must always be taken on school visits and Karen Stone will ensure it is fully equipped.

Illness

If a child becomes ill at school, parents/carers will be contacted and asked to collect the child. If they cannot collect their child, insured members of staff may take the child home if needed. This must involve 2 members of staff.

Where this is not possible, children will be made as comfortable as possible, but no medicines will be administered. There is a thermometer in the medical room drawer.

Medication

The following are the procedures to be followed for managing medicines:

- Medicines should only be administered at the School when it would be detrimental to a child's health or school attendance not to do so.
- Karen Stone (Learning Assistant) is the nominated individual responsible for the administration of medicines in School.
- No child under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- Over the counter medicines can be administered and parents/carers may come into school to administer medicines during the school day.
- Medicine provided by the doctor/pharmacist or require parents/carers to complete a medication form and school will **ONLY** accept medicines that have been prescribed by a doctor, nurse, dentist or pharmacist

- The School will only accept prescribed 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 will generally be available inside an insulin pen or a pump, rather than in its original container.
- Parents/carers can demonstrate the administration to the above named member of staff if they wish to do so. Where appropriate, medicines should be prescribed in dose frequencies which enable them to be taken outside of the school hours. It should therefore only be necessary for one dose to be administered in school.
- All medication will be stored safely and securely in the medical room where there is both refrigeration and a lockable cupboard. The same applies for the Ark and Nursery where medication is stored in locked cupboards.
- During school trips, the member of staff in charge of first aid will carry all medical devices and medicines required. The parent consent form will be taken to ensure correct dosage. A risk assessment will have been undertaken before the visit.
- Staff administering medicines should do so in accordance with the prescriber's instructions. The 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 the medication to be administered at the School should be noted.
- Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- Parents will be informed if medication is administered outside of the normal routine.
- A written record/log of the expiry dates of all medication should be kept, but parents/carers are responsible for notifying school of any changes in medication, administration, dosage etc and checking that the medication is in date.

Staff Training –Medication

Relevant staff are first aiders and have undertaken basic training. Briefings and updates are conducted through Training Days and Staff Meetings. If medical needs are unusual then specific training will be arranged through a health care professional.

Common Infections

Parents/carers will be asked to keep their child at home for 48hrs if they have sickness and/or diarrhoea, as recommended by the Area Health Authority. If they are taken ill at home parents are requested not to send them the following day. In all cases the Health Protection Agencies advice in '**Guidance on Infection Control in Schools and Other Child Care Settings**' will be followed.

Head lice

Parents/carers are asked to inform the School if their child has head lice, and the school will notify the parents discreetly. If necessary, letters will be sent out, or a text message informing parents of the presence of head lice in their child's class.

Weather Protection

Winter-Parents/carers will be expected to provide appropriate winter clothing which should include a coat every day and gloves, hat and suitable footwear. All items should be named.

Summer-Parents/carers will be expected to provide children with sun protection during the summer months. This should include a sun hat and sun cream applied at home. Appropriate, safe footwear

should be worn e.g. not flip flops. If a child arrives wearing unsuitable footwear, staff will ask the child to wear their PE pumps and parents/carers will be informed.

Lunchtime and breaks

- All children have a piece of fruit and bottled water is available in the classroom throughout the day.
- Children have access to sports equipment and toys during the lunch period from the 'Games Shop'.
- Children in the FS1 are provided with fruit and a drink of water or milk, and will sometimes make other healthy snacks. They sit together at a table, and share this experience in a social setting to encourage good manners and sharing.
- Children in the Ark are also offered snacks and healthy eating and good eating behaviours are actively encouraged.

Critical Incidents

If an event is serious then the School's Critical Incident Plan is consulted. A copy can be located in the staff room and in the Emergency (Red) Box in the reception office.

Agreed by Governors

Agreed by Staff **April 2018**

To be reviewed annually **April 2019**