

# Alexander Hosea Primary School

*'Roots to grow, wings to fly'*

## Managing Medical Needs Policy

### 1 – Statement

The school will properly support pupils at school with medical conditions so that they have full access to education, including school trips and physical education. The school will also put in place procedures to deal with emergency medical needs.

This Policy will be regularly reviewed and updated by the Premises and Finance Committee. The overall responsibility for the effective implementation of this policy is held by the Headteacher.

The school will work together with local authorities, health professionals and other support services to ensure that children with medical needs receive a full education. 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. Consideration will be given to how children will be reintegrated back into school after periods of absence.

No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a child at school at times where it would be detrimental to the health of that child or to others.

### 2 - Procedures

The following procedures are to be followed when notification is received that a pupil has a medical condition.

**2.1** A parent or a health care professional informs the school that:

- a child has been newly diagnosed, or;
- is due to attend a new school, or;
- is due to return to school after a long-term absence or
- has medical needs that have changed.

**2.2** The Headteacher, or senior member of school staff to whom this has been delegated, co-ordinates a meeting to discuss the child's medical support needs, and identifies the member of school staff who will provide support to the pupil.

**2.3** A meeting will be held to discuss and agree on the need for an Individual Healthcare Plan (IHCP). The meeting will include key school staff, child, parent, relevant healthcare professional and other medical / healthcare clinician as appropriate (or to consider written evidence provided by them).

**2.4** An IHCP will be developed in partnership, and the meeting will determine who will take the lead on writing it. Input from a healthcare professional must be provided.

**2.5** School staff training needs will be identified.

**2.6** Healthcare professional commissions or delivers appropriate training and staff are signed off as competent. A review date for the training will be agreed.

**2.7** The IHCP will then be implemented and circulated to all relevant staff.

**2.8** The IHCP will be reviewed annually or when the medical condition changes. The parent or healthcare professional will initiate the review.

**2.9** For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

### **3 – Individual Healthcare Plans**

**3.1** Not all pupils with medical needs will require an IHCP. The school together with the healthcare professional and parent will agree, based on evidence, whether a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher will take the final view.

**3.2** The format of the IHCP will depend on the child's condition and the degree of support needed. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their healthcare plan.

**3.3** The following will be considered when deciding what information will be recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's needs including medication and other treatments;
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies;
- Who will provide this support, their training needs, expectation of their role and confirmation of proficiency, and cover arrangements for when absent;
- Who in school needs to be aware of the child's condition and required support;
- 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.

### **4 – Roles and Responsibilities**

#### **4.1 Governing body**

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

#### **4.2 Headteacher**

- Ensures that the school's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensures that all staff who need to know (including first aiders) are aware of the child's condition.
- Ensures sufficient number of trained staff are available to implement and deliver all required IHCPs.
- Has overall responsibility for the development of IHCPs, including contingency and emergency arrangements.
- Ensures that school staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensures the school nurse is aware of children with medical conditions.

#### **4.3 School staff**

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Should receive suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

#### **4.4 School nurses**

- Responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- Support staff to implement IHCPs, providing advice and training.
- Liaise with lead clinicians locally on support for child and associated staff training needs.

#### **4.5 Healthcare professionals (GPs etc)**

- Notify school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHCPs.

#### **4.6 Pupils**

- As appropriate, involvement in discussions about their medical support needs.
- As appropriate, contribute to the development of, and comply with, IHCP.

#### **4.7 Parents**

- Provide the school with sufficient and up to date information about their child's medical needs.
- Contribute to the development of the IHCP.
- Carry out any action they have agreed to as part of the IHCP implementation.

#### **4.8 Local Authority**

- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Where a pupil would not receive a suitable education in a mainstream school because of their health needs, to make other arrangements.

### **5. Staff Training and Support**

**5.1** Any member of school staff providing support to a pupil with medical needs will receive suitable training.

**5.2** The relevant healthcare professional will normally lead on identifying the type and level of training required. The training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

**5.3** School staff will not give prescription medicines or undertake healthcare procedures without appropriate training.

**5.4** All school staff will be made aware of the school's policy for supporting pupils with medical conditions, and their role in implementing that policy.

### **6. Child's Role in Managing Their Own Medical Needs**

**6.1** Where a child is deemed competent to manage their own health needs and medicines, this should be reflected in their IHCP.

## **7. Managing Medicines on School Premises**

**7.1** Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

**7.2** No child under 16 will be given prescription or non-prescription medicines without their parent's written consent. There will be very few circumstances where the school will consider that non prescribed medication will be acceptable in their premises. This should be considered only in exceptional circumstances which are and the final decision will be made by the Headteacher.

**7.3** No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

**7.4** Wherever possible prescribed medicines should be taken outside school hours.

**7.5** The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist (except insulin which may be in a pen or pump) and include instructions for administration, dosage and storage.

**7.6** Medicines are kept either in the class medical box in the teacher's classroom cupboard or in the medicine cabinet in the front reception area. Children are not to keep their medicines themselves, for example, in their bag or drawer. Children need to tell an adult that they need their medication and that adult is responsible for getting it for them as quickly as possible to ensure there is no delay in the child accessing their medication.

**7.7** Where a child has been prescribed a controlled drug, this is kept in a locked container that only relevant school staff members have access to and which is not accessible to pupils. When the drug is given to the child, two staff members must be present and sign to say the drug has been given.

**7.8** 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.

**7.9** When no longer required medicines will be returned to parents to arrange for safe disposal.

## **8. Emergency Procedures**

**8.1** Each IHCP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

**8.2** If a child is taken to hospital, a member of school staff will stay with the child until the parent arrives.

## **9. Use of Emergency Salbutamol Inhalers**

**9.1** From October 2014 schools have been allowed to keep salbutamol inhalers and spacers for use in emergencies. The school will endeavour to keep two spare salbutamol inhalers and spacers on the premises at all times (this is subject to availability from a local pharmacy).

**9.2** These are only intended to be used by pupils who have diagnosed asthma and have a prescribed inhaler in school and parental consent has been given. The only circumstances when they may use the spare inhaler would be if their inhaler had run out / expired or couldn't be located.

**9.3** A record would be made of any use of the spare inhaler (date, time etc) and the child's parents informed. One of the spare inhalers is taken on school day trips but not on residential trips where parents are asked to provide their own spare.

## **10. Use of Emergency Auto Adrenalin Injectors**

**10.1** From October 2017 schools have been allowed to keep auto adrenalin injectors for use in emergencies. The school will endeavour to keep four spare emergency auto adrenalin injectors on the premises at all times (this is subject to availability from a local pharmacy). Two of these would be lower dosage, suitable for children under 6 years old and two of these would be the higher dosage for children over 6 years old.

**10.2** The spare emergency auto adrenalin injector would only be used in an emergency situation and on the instruction of the 999 call operator or paramedic.

**10.3** The Headteacher will ensure that some members of the staff team have had recent training in how to administer an emergency auto adrenalin injector.

## **11. Defibrillator Provision**

**11.1** A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. The school does not have a defibrillator. The nearest defibrillator is on the High Street of the village, outside the Social Club.

## **12. Day Trips, Residential Visits and Sporting Activities**

**12.1** Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities.

**12.2** School will consider what reasonable adjustments may be required to enable children with medical needs to participate fully and safely on trips and visits. This will be considered as part of the activity risk assessment to take account of any steps needed to ensure that pupils with medical conditions are included.

## **13. Unacceptable Practice**

**13.1** The following is regarded by the school as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child, parents or medical professionals;
- Sending children with medical conditions home frequently, or preventing them from staying for normal school activities;
- Penalising children for their attendance record if their absences are related to their medical condition;
- Preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents to attend school to administer regularly required prescribed medication or provide medical support to their child including toileting issues; and
- Preventing children from participating, or creating unnecessary barriers to children participating, in any aspect of school life, including school trips.

## **14. Liability and Indemnity**

**14.1** Staff administering medication or providing other medical support do so voluntarily and in accordance with agreed procedures. In such situations South Gloucestershire Council provides an indemnity for them should there be unforeseen complications as a result of undertaking an agreed procedure. This means

he/she is covered by the Council's liability insurance and would be supported by the Council in any legal action. He/she would be advised and represented at no financial cost.

## **15. Complaints**

**15.1** If parents or pupils are dissatisfied with the support provided by the school to pupils with medical conditions, they should discuss their concerns directly with the school. If the issue remains unresolved, they may make a formal complaint via the school's complaint procedure.

## **16. Approval and Review**

**16.1** This Policy was approved by Premises and Finance committee on 1<sup>st</sup> May 2020

**16.2** This Policy will be reviewed by Staffing and Welfare committee no later than May 2022