

Supporting children at school with medical needs policy



POLICY STATEMENT-

Article 3 All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children. **Article 23** You have the right to special education and care if you have a disability, as well as all the rights in this Convention, so that you can live a full life. **Article 24** You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well. **Article 27** You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.

The role of the governing body

The full policy is available on request called Supporting pupils at school with medical conditions- Statutory guidance for governing bodies of maintained schools and proprietors of academies in England

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their full academic potential. It also contains information about the correct administration and storage of medicines.

Some children with medical conditions may have a disability. Where this is the case governing bodies must comply with their duties under the Equality Act 2010.

The Inclusion leader will be initially responsible, on behalf of the governing body for ensuring that the support and implementation is in place for children medical needs. However, the governing body or management committee remains legally responsible for fulfilling their statutory duty.

We will ensure that reasonable adjustments are put in place to enable all children to have the same opportunities as each other. Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children; therefore no child with a medical condition should be denied. However, in line with safeguarding we must ensure they are not put at unnecessary risk from, for example infectious diseases. In cases like this we would accept that this child would not be in school or alternate provision will be made. This would be in consultation with parents and in line with a full risk assessment.

Responsibilities

- The inclusion leader alongside the school nurse will ensure that sufficient staff are suitably trained.
- The Headteacher, Inclusion leader and school nurse will ensure that all relevant staff will be made aware of the child's condition and healthcare plans given.
- The Headteacher will make cover arrangements in case of staff absences or staff turnover to ensure someone is always available.
- The school office will ensure that supply teachers are briefed on medical conditions in school.
- The senior first aid person will ensure risk assessments are completed for school visits, holidays, and any other school activities outside of the normal timetable.
- The inclusion leader will instruct the monitoring and updating of individual Health Care Plans.

Procedures

- When a new child is admitted to school or a new diagnosis is given a meeting with the parents and school nurse will be arranged so a Health Care Plan can be made.

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- Information to be shared with new class teachers/school when a child moves on, this will include a copy of the healthcare plan.
- Reintegration programmes will be set up by the Headteacher, Inclusion leader, school nurse and parents after a time of absence in relation to the medical condition. If a child refuses their medication, parents will be informed immediately. We are unable to force children against their own will.
- An emergency asthma kit is held in school but can only be given to children whose parents have given permission. A list of children will be kept in the medicine file in the school office.

Healthcare plans

These will be developed by the school nurse who will seek advice from all professionals involved and parents. Health care plans ensure the school effectively supports pupils with medical needs. These will include:

- What needs to be done, when and who by (who trained). Including if a child can take responsibility themselves.
- Type of medication, if any including side effects and storage.
- What the condition is, key factors, triggers and symptoms of complications.
- Emergency procedure or intervention.
- Any SEND should be included.
- Specific support around education, social and emotional needs, absences, testing in exams, rest periods, school trips and catching up on lesson.
- Review date (annually)
- Level of support needed
- Training needs
- Confidentiality requests where applicable.

A list of all children with healthcare plans are centrally kept on the J drive and are available to lunchtime supervisors, all staff in the staff and in individual children's classes.

Staff will sign to say they will administer prescription medicines, this is choice and no one should be required to do so. All staff should be suitably trained to do what they are signing for.

Parents should keep school informed about any medical conditions and ensure all relevant contact details are up to date.

Staff training

Staff will be trained yearly on Asthma, allergies, epi-pens and epilepsy. Emergency training can be requested when needed from the school nurse team for any other medical condition.

All of our Level 3 teaching assistants and lunchtime supervisors are trained in paediatric first aid.

Emergency procedure

If a child has a Healthcare plan the emergency procedure will be clearly stated. In any other emergency which is deemed life threatening an ambulance will be called and a named first aider will attend. In any other emergency which is not deemed life threatening a named first aider will attend and make any decisions. The named first aiders are Mrs McAvoy and Mrs Clayton.

A designated person must await the ambulance team and give them any vital information while being taken to the emergency.

If parents are not present when the ambulance needs to go to hospital a member of staff must stay with them with their full contact details until a parent arrives.

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Day trips, residential visits and out of school activities including sports.

Children must not be prevented from going out of school but a personal risk assessment must be completed for those children who have a medical condition. Teachers must have a clear understanding of the medical condition and the impact this will have on the child completing the activity.

An emergency Asthma kit must be taken to all trips as well as a bag which will hold any medication that a child with a medical condition will need.

ADMINISTRATION OF MEDICINES

We would ask parents to request that their doctor, wherever possible, prescribe medication, which can be taken outside the school day.

However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day.

We are prepared to take responsibility for these occasions in accordance with the guidelines laid down in this Policy.

Staff will except and administer non-prescribed and prescribed medicines. Prescribed must be from a pharmacist which is clearly labelled and those which are not must clearly have the child's name on.

We are unable to administer non-prescribed Aspirin or Ibuprofen

CHILDREN WITH SPECIAL MEDICAL NEEDS

Should we be asked to admit a child to school with special medical needs we will in partnership with the parents and our medical advisors discuss individual needs. We will then set up an individual Healthcare plan to guide us.

GUIDELINES

1. On Admission to school

1. All parents/guardians will be asked to complete an admissions form giving full details of medical conditions, regular medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements etc.

2. Administration and Storage of Medicine in School

- 2.1 Should a pupil need to receive medication during the school day, parents will be asked to come into school and personally hand over the medication to the office.
- 2.2 The medicine should be in the container as prescribed by the doctor and dispensed by the chemist with the child's name and instructions for administration printed clearly on the label or the child's name clearly attached when not prescribed and the container it was sold in.
- 2.3 The form 'Permission to administer medicine in school' should be completed by the parent/guardian. This will be kept in the school office. A record of the administration of each dose will be kept and signed on the 'Record of Medication' form. We aim to administer the medication at the requested/preferable time, however this may differ and we will consult parents in this situation.
- 2.4 Should the medication need to be changed or discontinued before the completion of the course, school will be notified in writing.
- 2.5 Should the supply need to be replenished this should be done in person by the parent/guardian.
- 2.6 Should the child be required or able to administer their own medicine e.g. inhaler for asthma, we will want to ensure they understand their responsibilities in this area. We may want to ask the School Nurse to check technique before accepting full responsibility.

3. Storage and Disposal of Medicines

- 3.1 All medicines with the exception of Emergency Medication (inhalers and Epi pens) will be kept in a locked cupboard at the bottom of learning base 1.
- 3.2 Where appropriate, with parental agreement pupils should be responsible for their own inhaler which should be marked clearly with the child's name.

3.3 A regular check will be made of the medicine cabinet, medicine which is out of date or not clearly labelled will be returned to parents.

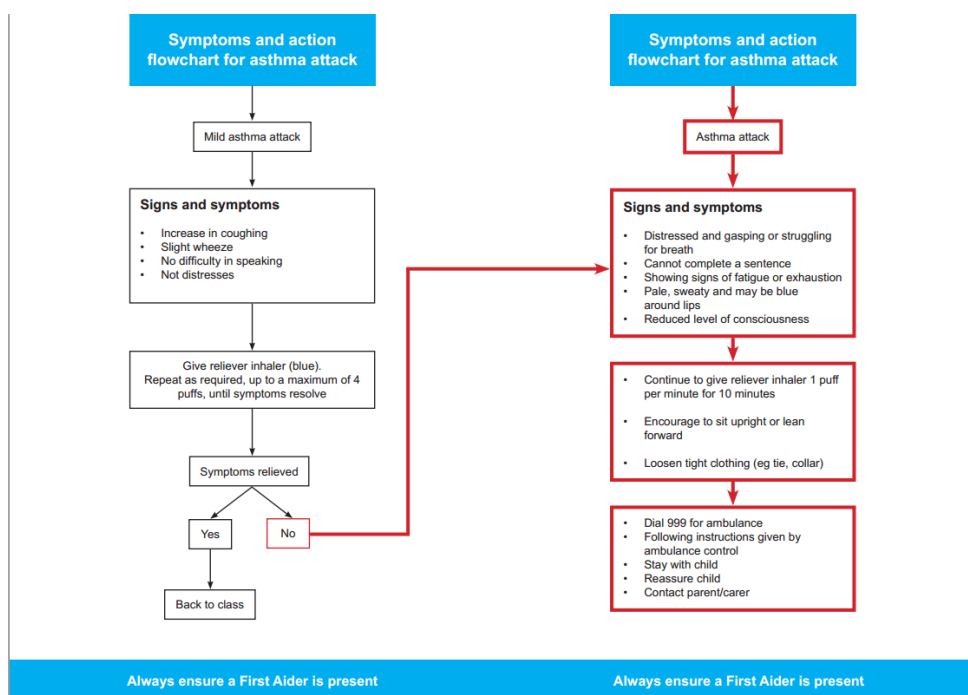
3.4 Any finished or out of date medicines will be returned to parents.

4. **Children with Asthma**

- We expect and encourage parents/carers to give appropriate information to the school regarding their child's asthma and **must** provide a prescribed reliever (blue) inhaler and spacer device (if required). We store an 'Emergency Inhaler and device' in school which can be used in an emergency for children who are registered as asthmatic in school. This is to prevent an onset of an asthma attack.
- It is recognised that pupils need to have immediate access to their reliever inhaler; these will be kept in a classroom or on a child where parents have requested and given permission.
- We will encourage and help children who have asthma to participate fully in all aspects of school life.
- Pupils at this age are encouraged to become self-managing by the end of Y6 by carrying their own reliever inhaler and using it when needed.
- If children have to use their blue inhaler on a regular basis we will inform parents.
- If pupils leave the premises for any activity they must have their reliever (blue) inhalers with them.
- Parents/carers need to check all relievers inhalers/spacer devices termly or regularly, confirming that the inhalers are in date and are full of medication.
- Inhalers should not be stored where there is excessive heat or cold.
- Pupils with asthma are encouraged to participate in P.E. lessons; some pupils with asthma may need to use their reliever inhaler before exercising.

ASTHMA ATTACK

- It is important that all staff know how to manage a child experiencing an asthma attack.
- In the event of an asthma attack school staff should follow the procedure outlined in the 'Asthma Attack Flowchart'. This flowchart should be visibly displayed in staff room/first aid areas/P.E .hall.



Signed:

Chair of site/finance committee

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