



# **Adderley Primary School**

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

**2019-2020**

<b>Agreed by:</b>	Governing Body	
<b>Review date:</b>	September 2020	

## **Rationale**

The school has a duty under Section 100 of the Children and Families Act 2014 to make arrangements for supporting pupils at school with medical conditions. The governing body will ensure that arrangements are in place to support pupils with medical conditions in doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The governing body will ensure that arrangements give parents and pupils confidence in the school's ability to provide effective support for children with medical conditions in school. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn as well as increase their confidence and promote self-care. They will ensure that staff are properly trained to provide the support that pupils need. Adderley Primary School is an inclusive school where we focus on the well-being and progress of every child. We believe that the Equality Act provides a framework to support our commitment to valuing diversity, tackling discrimination, promoting equality and fostering good relationships between people.

## **Purpose**

Children with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should 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 their safeguarding duties, governors do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so. As a UNICEF Rights Respecting school, we ensure that pupils are supported in line with Article 24, every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food and a clean environment and education on health and well-being.

## **General duties**

When school is notified that a child has a medical condition, procedures are in place to cover any transitional arrangements between schools and arrangements for any staff training or support. School does not have to wait for a formal diagnosis before providing support to a pupil. In cases where pupils medical condition is unclear or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence.

## **Individual Healthcare Plans**

Individual Healthcare Plans (IHP) will help school effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom.

- Plans will be drawn up in partnership between school, parents and a relevant healthcare professional e.g School or Specialist Nurse. Pupils will be involved whenever appropriate.
- Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- Where a child has a special educational need identified in a statement or Educational Health and Care Plan (EHC), the individual Healthcare Plan (IHP) will be linked to, or become part of that statement or EHC.

## **Points considered when developing an IHP**

- The medical condition, its triggers, signs, symptoms and treatments.
- Specific support for the child's educational, social and emotional needs eg how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, mentoring 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 Health 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 Head Teacher, or the SLT for medication to be administered during school hours.
- Separate arrangements or procedures for school trips or other school activities outside of the normal school timetable that will ensure that the child can participate, eg risk assessments.
- Where confidentiality issues are raised by the parent of a child, the designated individuals to be entrusted with information about the child's condition.
- What to in an emergency, including whom to contact and contingency arrangements.

## **ROLES AND RESPONSIBILITIES**

Supporting a child with a medical condition during school hours is not the sole responsibility for one person. School will work in partnership with healthcare professional, social care professionals, Local Authorities, Parents and Pupils.

### **Governing Body**

The governing body will make arrangements to support children with medical conditions in school and ensure that a policy is developed and implemented. The governing body will ensure that sufficient staff have received suitable training and are competent and confident before they take on responsibility to support children with medical conditions.

### **Head Teacher**

The Head Teacher will ensure that:

- The school's policy is developed and effectively implemented with partners.
- All staff are aware of the policy and understand their role in its implementation.
- All staff who need to know are aware of the child's condition.
- There are sufficient trained numbers of staff available to implement the policy and deliver against all IHPs including in contingency and emergency situations.

### **School Staff**

- Staff may be asked to provide support to children with medical conditions.
- Staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on the responsibility to support children with medical conditions.

### **School Nurse**

Every school has access to school nursing services and Adderley has appointed a school nurse. Nursing Services are responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school.
- Liaising with lead clinicians locally on appropriate support for the child and associated staff training needs.
- Providing advice and liaising with staff on the implementation of a child's IHP.
- Other Healthcare Professionals including GPs and Paediatricians.
- They should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

### **Children**

- Children will be fully involved in discussions about their medical support needs and contribute, and comply with, their IHP as appropriate.

### **Parents**

- Will provide the school with sufficient and up to date information about their child's medical needs.
- Will be involved in the development and review of their child's IHP.
- Will provide medicines and equipment and ensure they, or another nominated adult, are contactable at all times.

### **Local Authority**

The Local Authority should provide support, advice and guidance to support children with medical conditions to attend full time. Where children would not receive a suitable education at Adderley because of their health care needs, the LA has a duty to make other arrangements.

### **Providers of Health Services**

Providers of Health Services should co-operate with school in providing valuable support, information, advice and guidance.

### **STAFF TRAINING AND SUPPORT**

- The relevant healthcare professional will normally lead on identifying and agreeing with the school, the type and level of training required and how this can be obtained. However school may wish to choose to arrange training and ensure this remains up to date.
- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support children. This includes an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. A record of the staff training will be kept (See Appendix 1)
- A number of staff are trained certified first aiders, these are displayed around the school, these members of staff can be called to any medical situation and are competent to deliver first aid.

**Staff will not give prescription medicines or undertake healthcare procedures without appropriate training – the training will be updated to reflect any IHP. All medication will only be administered by an SLT member, DSEN Lead, School Nurse and any other specifically trained staff.**

A first-aid certificate does not constitute appropriate training in supporting children with medical needs.

- Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine.
- School will have arrangements in place for whole school awareness training regarding supporting children with medical conditions (eg teacher training days, induction arrangements, Insets) to help ensure that all medical conditions affecting pupils in the school are understood fully, this includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.
- The family of a child will be key in providing relevant information to school staff about how their child's needs can be met.

### **THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

- The governing body will ensure that arrangements are made, for children who are competent, to manage their own health needs and medicines. This should be reflected in their IHP.
- Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Some children may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Parents will be informed when the medication has not been administered for this reason.

### **MANAGING MEDICINES ON SCHOOL PREMISES**

#### **Receiving and Checking Consent from Parents/Carers**

- The office keeps the Single Central Medical Record for Adderley Primary School.
- It is the responsibility of the DSEN Lead/School Nurse to ensure that the record is maintained and up-to-date.
- The record is collated through the year on a half-termly basis. The DSEN Lead/School Nurse will add to it ongoing as new medical information is shared by parents/carers.
- If a parent/carer requests that the school administer medicine to their child, the staff member receiving the request must first establish whether the parent can administer the medicine themselves. For example, by coming in to school at break or lunch time.
- **The parent/carer administering medication is the preferred method and in most circumstances this should be the case.**
- However, in cases where the parent is unable to administer the medication they must give written consent on the appropriate school form for the school to be able to do this (see Appendix 2). **Hand written or typed letters of consent will not be accepted as consent.**
- Once the consent is completed by the parent/carer, it should be returned to the school office.
- The DSEN Lead/School Nurse should check thoroughly that all the required information is complete and inform the parent/carer that an SLT member will be in contact with them shortly.
- **No medication will be administered until the SLT member/DSEN lead/ school nurse has spoken to the parent following receiving the consent form.**

- The form should be passed to the Head Teacher who will make the decision about whether the school can administer the medication and then delegate responsibility for the administration of the medication to an SLT member.
- The SLT member will then contact the parent/carer and go through the details of the medication required on the consent form.
- **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 (exception to this is insulin, which must still be in date but may be available inside an insulin pen or a pump, rather than in its original container).**

### **Administering Medication**

- All medication will be administered in the SLT office by the main entrance.
- Medication can only be administered by an SLT member/DSEN Lead or School Nurse.
- When medication is administered, a member of the office staff or other staff member must be present to verify the guidelines have been followed and correct dosages given.
- Each time medication is administered, a record should be made on the medications administration chart.
- The consent form must then be returned to the Single Central Medical Record Folder in the main office.
- It is the school's responsibility to ensure that medicines are returned to the cupboard in the main office.
- It is the parent/carer's responsibility to ensure that medication is brought to school and collected when necessary.

### **Adrenaline auto injectors in schools**

Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you **MUST** call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Practical points:

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location.(see Appendix 4)

- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics: if the child is known to have an allergy; what might have caused this reaction e.g. recent food; the time the AAI was given.

#### **Emergency salbutamol/ inhaler**

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty)

Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions

- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler.
- having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use
- Appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- keeping a record of use of the emergency inhaler as required by *supporting pupils* and informing parents or carers that their child has used the emergency inhaler

#### **RECORD KEEPING**

Written records will be kept of all medicines administered to children. Parents will be informed if their child has been unwell in school.

#### **EMERGENCY PROCEDURES**

- Where a child has an IHP, this 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. Other children in the school should know what to do in general terms such as informing a teacher immediately if they think help is needed or use an emergency red hand for help.
- A trained first aider should be called to the person affected and a member of staff should stay with the child at all times, being sure not to be left unattended.
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives or accompany a child to hospital in an ambulance.

**When local emergency services are called staff will give precise details of which entrance to use (See Appendix 4).**

## **DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES**

The Governing body will ensure that arrangements are clear and unambiguous about the need to support actively children with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. School will make arrangements for the inclusion of children in such activities with any adjustments as required unless evidence from a clinician states that this is not possible.

A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included (refer to guidance on school visits).

## **POINTS FOR CONSIDERATION**

School does not assume that every child with the same condition requires the same treatment. School will not send children with medical conditions home frequently, or prevent them from staying for normal school activities, unless this is specified in their IHP. If a child becomes ill, they will not be sent to the school office or medical room unaccompanied. School take into consideration hospital appointments when monitoring attendance.

- School does not prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.

## **LIABILITY AND INDEMNITY**

- School has an Insurance Policy that provides liability cover relating to the administration of medication.
- Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint via the schools complaints procedure.
- The Head Teacher will have overall responsibility that this Policy is implemented and that risk assessments for school visits are undertaken.
- The SLT, DSEN Leader and School First Aider will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHP's are monitored.

## **Appendix 4**

### **Contacting emergency services**

**Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. School telephone number - 0121- 4641500
2. Your name
3. School location - Adderley Primary School, Arden Road

4. State the School postcode -B8 1DZ
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms