St. Paul's Church of England Primary School

Hibson Rd, Nelson, Lancashire, BB9 0PY

Headteacher: Mrs J Wood

Telephone: 01282 617035

www.stpaulsnelson.co.uk

Policy for Supporting Children with Medical Conditions

(July 2021)

This policy has been written in line with the DFE guidelines published in September 2014. This has come about as a result of the Children and Families Act 2014 (section 100), which places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions.

Rationale

St. Paul's CE Primary School wishes to provide a fully inclusive educational and pastoral system. To do this we need to ensure that correct procedures and protocols are in place to enable any pupil with a long-term medical condition to be able to attend school or have minimum disruption to their education.

The purpose of this policy is to:

- Ensure that pupils with medical conditions are well supported in school and have full access to education, including school trips and physical education.
- Ensure that there is clarity around the holding and administering of medication at school
- Ensure that information about a child's needs is shared appropriately by health professionals, school staff, parents and pupils
- To develop staff knowledge and training in all areas necessary for our pupils

Definition of the term 'medical condition' used in this context

A medical condition is one that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may be disabled. Where this is the case the Governing body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND code of practice and the local authority's Local Offer.

Children with medical conditions (e.g. anaphylaxis, epilepsy, diabetes) all have Individual health care plans (IHCP), written in conjunction with the school nurse and parents. Mrs Wood (headteacher) has an overview of all systems in place for children with medical conditions.

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The school will:

- Ensure that students with medical conditions are identified as they transfer to the school and through the ongoing annual data check process.
- Arrange for written permission from parents/carers and a member of the Senior Leadership Team for medication to be administered by a member of staff, or self-administered by the student during school hours.
- Ensure that IHCP are shared with relevant members of staff
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate (e.g. including individual children on risk assessments)
- Designate individuals to be entrusted with information about a student's condition where confidentiality issues are raised by the parent/child
- Have an identified key worker (usually a 1:1 TA) trained to specifically meet the needs of students with An EHCP linked to a medical condition
- Be clear about what to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan
- Make all staff working directly with students aware of the students in the school with medical conditions
- Provide sufficient training for staff to meet the needs of students at the school with medical conditions

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as a child with an identified medical condition starts school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

Training regarding specific conditions will be delivered as required. This is usually within the term of a new pupil beginning school but if necessary before they commence their education at St. Paul's. Training will be organised by Mrs Westlake (SENCO) or Mrs Felters (Assistant SENCO) First aid training will continue to be under the guidance of the Health and Safety Policy. Pupils requiring continuous support for a medical condition will need an Individual Health Care Plan (IHCP). St. Paul's will seek advice from the school nurse and other relevant professionals to inform this plan. IHCPs should be discussed by parents and school staff.

It is important that parents or carers update the school if their child's condition or medication changes.

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The school will review medication and care plans yearly in September with the parent to ensure that information is up to date and shared with class teachers. It is the parent's responsibility to make sure that all medicines are in date and to dispose of any that are out of date. Class TAs will assist with this, noting key dates in their diaries, and inform parents about expiring medicines or inhalers.

Individual Health Care Plans

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. An IHCP will :

- Be clear and concise, giving brief details of the child's condition
- Be written in partnership with parents, child, healthcare professional and key staff
- Give details of what constitutes an emergency, what action to take and who to contact
- Special requirements e.g. dietary needs, pre-activity precautions
- Be reviewed annually or when there is a change in the condition of the child
- Be easily accessible whilst preserving confidentiality. A copy is kept in both the child's classroom and by the lockable medication cupboard. Copies may also be kept in the SEND cupboard.
- Outline educational provision if the student is unable to attend school
- Contain details of the medical condition, its triggers, signs, symptoms and treatments
- Include relevant SEN information
- Provide details of the student'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, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between lessons
- Outline 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
- State 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.

A generic care plan for any children using inhalers is displayed prominently around school, including in each classroom and in the Rainbow Room.

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Expectations

The prime responsibility for a child's health lies with the parent/carer who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of professionals.

It is expected that

- Parents will inform the school of any medical condition which affects their child and provide evidence where requested
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container, or is outlined on the original packaging for any over the counter medication recommended by a pharmacist.
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate
- Parents will provide school with medication in a timely manner when school staff notify them that it is coming to an end.

Management of medication

No pupil is allowed to carry any medication in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication. The exception to this is KS2 children being permitted to store their inhalers in their trays for ease of access. Epipens, eczema cream and KS1 inhalers will be stored in a secure but central point within the classroom e.g. the stock cupboard. All other medication will be stored in the Rainbow Room in the lockable box or in the medical fridge.

Managing medicines during the school day

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Prescription medicines must be in date, labelled, in the original container including prescriber's instructions re administration, dosage and storage. (The exception to this is a single dose for an educational visit, e.g. travel sickness pill which may be passed to school in an envelope with a parent's instruction and signature on the front.)

Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Medication prescribed for three times a day should usually be given at home e.g. breakfast time, after school and bed time. Parents can ask doctors for timed-release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or provide two prescriptions – one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long-term.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

It is the responsibility of parents to request medication from the school office at the end of the day.

Prescription Medication

A named member of staff may administer such a drug to whom it has been prescribed, according to the instructions

Prescription drugs will be returned to the parents when no longer required. Parents are responsible for the disposal of any remaining prescription drugs (should be taken to pharmacist)

Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration

Non-prescription

In certain circumstances, with parents' consent, school will administer over the counter medications such as pain relief. The protocols outlined above concerning blue forms, storage and recording must be followed.

Recording

When a parent requests administration of medication, a blue form must be completed at the school office. Medication (other than epipens and asthma inhalers) is stored in the lockable cupboard in the Rainbow Room or in the medical fridge and generally dispensed by the class teaching assistant who will ask another member of staff to witness this if the medication is a controlled drug.

When a child takes medication, the date, time and dosage are recorded, including inhalers. This may need to be recorded by a welfare assistant if the inhaler is taken during lunchtime. Younger children with spacers for their inhalers may need supervision by staff in order to ensure they are used appropriately.

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Epipens

Epipens are stored in the classroom within the stock cupboard, clearly labelled. Children are required to have their own epipen in school, in addition to two spares stored in the lockable cupboard in the Rainbow Room. Parents/carers have the responsibility of checking whether the medication is in date, however this will also be checked annually by school staff when the children change class.

The school holds spare epipens, permission to use these is sought in writing from parents whose children are known to be anaphylactic. Consent forms are stored in the medical file in the Rainbow Room. A list of children with permission is also stored in the file.

A register of pupils who have been prescribed an epipen is kept in the school office.

Relevant staff have annual training in the recognition and management of an allergic reaction/anaphylaxis. (See also https://www.allergyuk.org/information-and-advice/conditions-and-symptoms/33-anaphylaxis-and-severe-allergic-reaction#download_access)

Details of children's triggers are given on their care plans. When a child starts at St. Paul's they are also given a form to complete for the school dinner providers detailing any food allergies.

If a child is experiencing a fit for the first time, it lasts more than 5 minutes, happens repeatedly within a short space of time or if there is additional injury, staff must call 999.

Asthma pumps

Children with asthma should have easy access to their inhaler, which must be clearly marked with their name. Children from Year 3 and above are expected to take care of their own inhalers, stored in their classroom trays unless there is a specific reason for staff to store these e.g. for children with SEND. Inhalers for KS1 should be kept in a clearly marked box in the classroom. Inhalers should not be locked away.

The only inhaler a child should have at school is their blue inhaler, which is the relief inhaler. Other inhalers are preventative and should be taken in the morning and the afternoon at home.

The school holds a spare blue inhaler in case of emergency, and a smaller one for use on educational visits. This is stored in the lockable cupboard in the Rainbow Room. Permission to use this is sought in writing from parents whose children are asthmatic. Consent forms are stored in the medical file in the Rainbow Room. A list of children with permission is also stored in the file.

Controlled drugs

Some medications, for example Equasym, are controlled drug which means they are subject to strict regulations because of the risk they carry. Controlled drugs must be kept in the lockable cupboard in the Rainbow Room. The adult taking it out will need to do so with an observer who

will check the number of tablets going out and back in again and ensure that the child takes the tablet.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed immediately. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. From July 2021, school will send home all medication stored in school before the summer holidays, along with a new blue form to be completed and returned in September.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Managing medicines on trips and outings

When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Children with medical needs will be encouraged to take part in residential visits. The visit leader will carry out a specific and additional risk assessment. Where children without care plans have been prescribed medication or have had over the counter medication recommended, parents should include these details in the form provided for school journeys and complete a school medical form.

A named member of staff will take responsibility for medication, ensuring that it is stored securely during the time away, that it is administered according to the information provided by the parent and that a record is kept every time the medication is administered. (As per medicine administration during a school day).

PE / Sports

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Roles and Responsibility

The ultimate responsibility for the management of this policy in school is with the Headteacher and Governing Body. The school SENCO will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.

Complaints

Should any parent or carer be unhappy with any aspect of their child's care at St. Paul's Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the problem then it should be taken to a member of the senior leadership team. In the unlikely event of this not resolving the issue, the parent/carer can make a formal complaint using the school complaints procedure.

This policy will be monitored yearly and updated when necessary, ensuring new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.

This policy will also be made available to parents on the school website. We will ask parents for annual updates regarding medical information.