



SUPPORTING AND MANAGING CHILDREN WITH MEDICAL CONDITIONS POLICY

OVERVIEW

The **Children and Families Act 2014** places a duty on governing bodies of maintained schools, to make arrangements for supporting and managing pupils at their school with medical conditions.

We have developed this policy in line with the above legislation to ensure pupils at Norwood Primary with medical conditions are properly supported so that:

- arrangements are in place at Norwood Primary to support all pupils including SEN at school with medical conditions. In doing so, this should ensure that such children can access and enjoy the same opportunities at school as any other child.
- they have full access to education, including school trips and physical education.
- the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- arrangements should 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.
- our school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Ensure all children who take medication have their needs met in a safe and sensitive manner.
- Make safe provisions and keep medicine safe for the supervision and administration of medicine in school.

We will ensure that arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.

We will ensure that the arrangements put in place are sufficient to meet our statutory responsibilities and will ensure that policies, plans, procedures and systems are properly and effectively implemented and reviewed regularly.

AIMS

The school aims to:

- invite and assist parents to contribute to their child's individual healthcare plan.
- to support and sign post parents.
- educate staff and children in respect of special medical needs;
- adopt and implement the LA policy of Medication in Schools;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education if possible.
- monitor and keep appropriate records.

STRATEGIES

Named Persons

The named persons who have overall responsibility for policy implementation are the safeguarding team.

Responsibilities include:

- ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers and external providers such as sports specialists and after school club providers.
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable
- monitoring of individual healthcare plans.

Notification of a medical condition

Information comes to school either directly from parents or the school nurse. As soon as we are aware of this information, a meeting will be arranged between parents, relevant health professionals and the school, to outline any actions (for an individual healthcare plan) that the school needs to take to ensure the child's medical needs are met during the school day. The school will make every effort to ensure arrangements are put into place as soon as possible.

School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's 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. This would normally involve some form of medical evidence.

Whilst our policy would always be to promote inclusion and maximise access and attendance at our school, our ultimate priority is to ensure that all children at Norwood Primary are safe whilst they are here. Therefore, appropriate plans, training and procedures need to be in place and working effectively for children in Norwood Primary school.

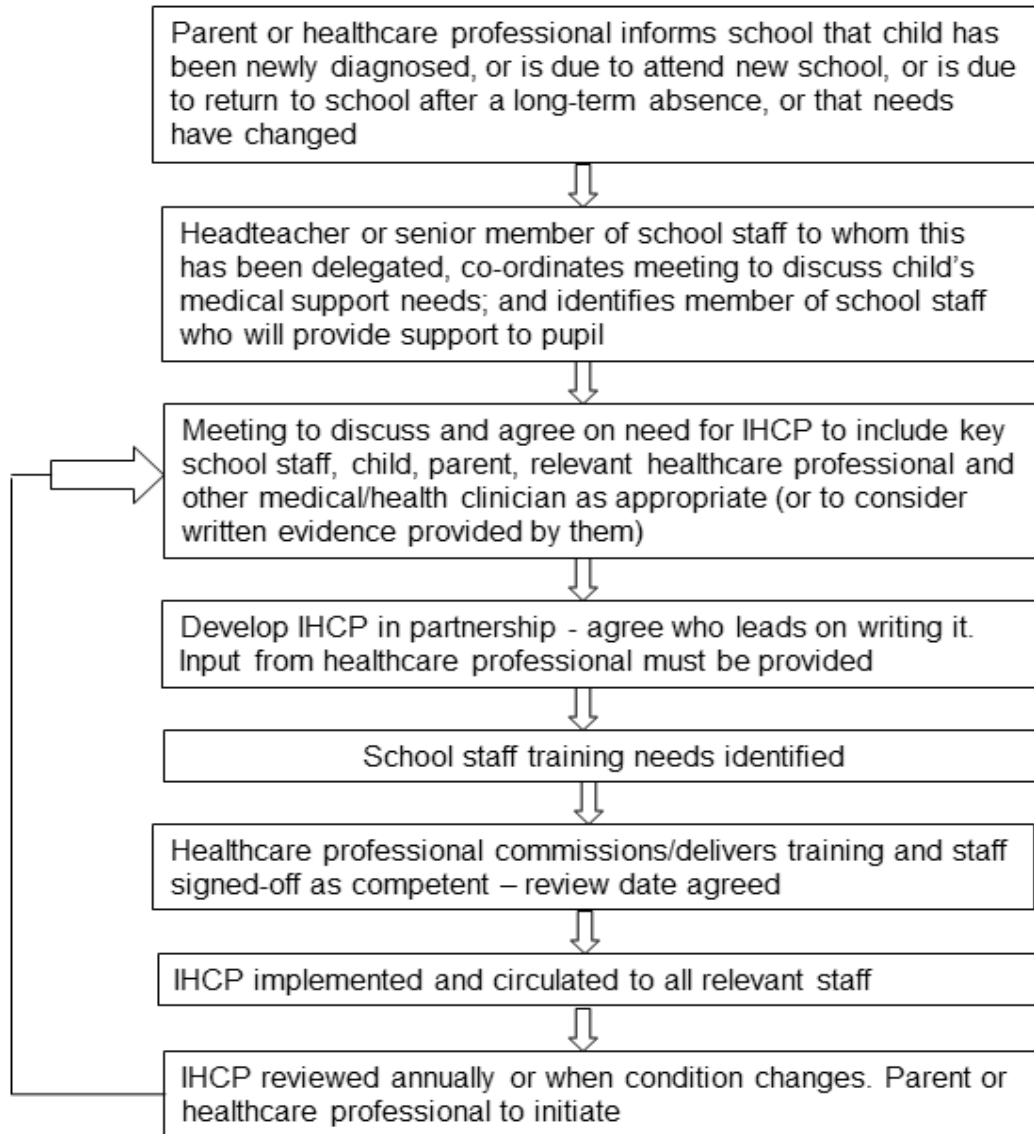
Individual Healthcare Plans

We have chosen to follow the guidelines as outlined in the 'Supporting Pupils at school with Medical Conditions' document 2014. The information held on an individual care plan will contain details of:

- 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 corridors, travel time between lessons;
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- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling 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 such as asthma inhalers, 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 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, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- An anaphylaxis plan should be used for children who have prescribed epi pens or auto injector pens provided for severe allergic reactions.
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency individual healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.
- Travel sickness tablets – parent to sign 'to be administered on trip' letter. Parent to administer before trip and provide medication in a sealed envelope with clear instructions of dosage for administration by staff member.

The flow chart overleaf depicts the procedure that we will follow:



Please see Appendix A for Individual Care Plan

Sharing Information

All information recorded on an individual healthcare plans is confidential and is only shared on a need to know basis with school staff who come into contact with the child.

The information is added to our CPOMS system which is confidential and secure. All appropriate teaching staff within their year group are made aware of any child's medical condition and sent their personal IHCP.

When information needs to be changed on an individual healthcare plan this should be completed as soon as possible with the parents on an annual basis or as a medical condition or medication changes.

Staff Training

When an individual healthcare plan is drawn up, any training that school staff require to meet the child's health needs is identified. The named persons responsible for this policy will seek to ensure that that training is delivered by an appropriately qualified health care professional within an appropriate time frame.

We will ensure that any member of school staff providing support to a pupil with medical needs will have received suitable training.

Staff are to feel competent and have confidence in their ability to support pupils with medical conditions, to fulfil the requirements as set out in individual healthcare plans. These training needs will have been identified during the development or review of individual healthcare plans.

The school will follow guidance given by relevant health care professionals as to the frequency of when training needs to be updated. The system in place will ensure that training is reviewed on an annual basis as individual health care plans are reviewed or as medical needs change.

We recognise that the family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. Medical advice should be sought and taken where necessary to support best practice.

We will additionally set arrangements for whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

Administering Medication

There is no legal or contractual duty for school to administer medicine or to supervise a pupil taking it. Teachers' conditions of employment do not include administration of medication. This is purely a voluntary role which is recognised as such by Government. To assist schools in organising the management of medication Norwood Primary school follow the advice as set out in Medicines Standard of the National Service Framework (NSF) for Children.

Norwood Primary School does make arrangements to administer medication to support pupils with chronic medical conditions such as ADHD and Anaphylaxis.

Staff at Norwood Primary school must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). Staff must hold accredited certification; a first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

It may be appropriate for a child with an individual healthcare plan to administer their own medication. This will be agreed through consultation with parents.

Whilst Norwood Primary school is happy to administer prescription medication during the school day, we aim to minimise the amount of medication that is held on our premises and kindly request that parents administer medication at home that is needed up to three times a day within 24 hours with gaps between each medication given. This should not be in any way detrimental to a child. If in doubt speak to your GP.

We will administer 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 to schools inside an insulin pen or a pump, rather than in its original container.

If an inhaler is empty/out of date, school hold emergency inhaler kits which will be administered. A record of administration is kept in the main First Aid Log. Parents will be informed.

Non-prescription medicines such as travel sickness tablets may be administered at school when it would be detrimental to a child's health or school attendance not to do so.

As part of our consent for a school trip, activity and residential, parents must indicate that their child is prone to travel sickness. We ask parents to administer travel sickness tablets prior to the school day wherever possible. Parents are to provide the exact dosage of tablets for the return journey in a sealed, labelled envelope with the child's name and clear instructions. This is to be handed to the class teacher/leader and added to the risk assessment.

Written instructions from the parent must be given on a medical form (please see appendix B). The instructions given must match that stated on the medication container dispensed by the pharmacist. No child will be given prescription or non-prescription medicines without their parent's written consent. The member of staff administering the medication (including inhalers) must complete the Record of administering medicine form (Appendix C). If a child is independently administering their own inhaler they must inform an adult.

A child should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. This can only be administered in school with any pre-existing medical condition which would affect their attendance in school to the head teacher's discretion.

Management of Medicines

Wherever possible we will promote a child's safe, independent management of their health needs and medicines. This will be done in consultation with parents, where it is decided that a child is competent and should be encouraged to take responsibility for the management of their own medicines.

All medicines will be stored safely. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away.

When no longer required, medicines should be returned and signed back to the parent to arrange for safe disposal. When medication is not collected at the end of each term, we will dispose of all medications to our local Pharmacy using our returns confirmation. Sharps boxes should always be used for the disposal of needles and other sharps.

When going off site with a pupil who requires medicine, a named member of staff will be responsible for the storage and administration of the medicine. This member of staff will be familiar to the child. The medicine should be kept in a secure bag, with the named member of staff being responsible for its safe keeping. This should be recorded on the risk assessment form that is completed for school trips.

If the medicine is required to be kept refrigerated, then the medicine should be taken off site in a cool bag.

Records of Medication

We will keep a record of all medicines administered to individual children, stating what and how much was administered, when and by whom (appendix C). Any side effects of the medication to be administered at school will be noted and the parent informed.

Emergency Procedures

Where a child has an individual healthcare plan, it should 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 pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. It is the responsibility of each class teacher to ensure that the children within their class understand emergency procedures.

If a child needs to be taken to hospital, a member of staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

We have an Automated External Defibrillator (AED) in school, kept in the main entrance. Key staff (see appendix) are trained on the use of the AED, however anybody can use the AED, the machine gives audible instructions to the rescuer. The pads will detect electrical activity in the heart and will be able to tell if a shock is needed.

If a child's medical condition may hamper their safe evacuation from the building in the event of a fire a PEEP (Personal Emergency Evacuation Plan) will be drawn up by the school's Health and Safety consultants with support of our SENDCO and copied for the staff concerned.

Managing medical conditions: day trip, residential visit or sporting activity

Teachers at Norwood should be aware of how a child's medical condition will impact on their participation of an extracurricular activity. There will flexibility for all children to participate according to their own abilities and with reasonable adjustments. We will make these adjustments unless evidence from a clinician or GP states that participation is not possible.

We will complete a risk assessment prior to any visits off site so that planning arrangements take account of any steps needed to ensure that any pupil with a medical condition is able to be included. This may require consultation with parents, pupils and relevant healthcare professionals. Please also see Health and Safety Policy and Educational Visits Policy.

What practice is unacceptable?

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- the assumption that every child with the same condition requires the same treatment;
- ignoring the views of the child or their parents; or ignoring medical evidence or opinion (although this may be challenged);

- sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- [if the child becomes ill] sending them to the school office unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips.

From 1st October 2014 the Human Medicines Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

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

Norwood Primary has TWO Emergency Boxes these include:

- One salbutamol inhaler and plastic and disposable spacers
- Register of Parental Consent
- Parents will be informed via message or through the office
- School Emergency inhaler usage logbook – Staff must record usage

Staff must record the usage in the main First Aid register.

These are located as follows:

- School Office
- Main First Aid Area

TO AVOID POSSIBLE RISK OF CROSS INFECTION THE PLASTIC SPACER IS NOT TO BE RE-USED AND MUST SENT HOME WITH THE CHILD (FOR FUTURE PERSONAL USE) The named members of staff should be informed.

REVIEW

This policy will be reviewed annually by the Safeguarding Team of the Governing Body.