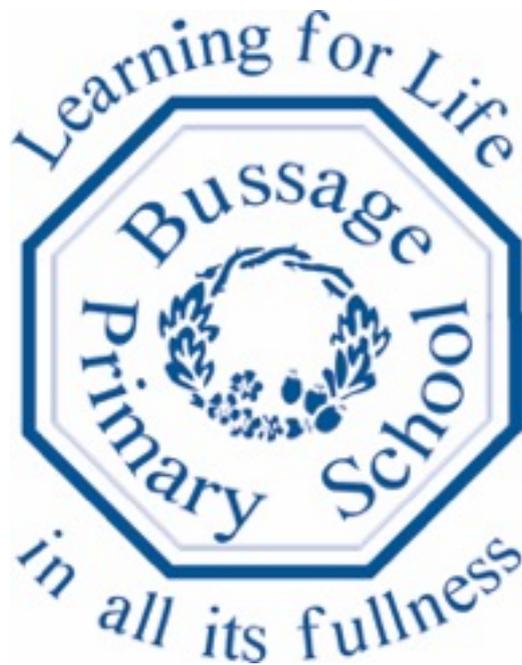


Policy on Supporting Children with Medical Needs



Next review: Autumn 2020

Bussage Primary School is a Church of England Voluntary Aided Primary School and this policy is written within the context of the Christian faith, practice and values which underpin our ethos, and which are in keeping with our Trust Deed.

Our school's Christian ethos is that all pupils, whatever their ability or talents, are created in the image of God, and are loved equally by him.

Our school's mission is to provide a learning and development environment in which all pupils and staff can make the most of their God given potential and aspire to "be the best that they can be."

Our school vision is built upon the four cornerstones of WISDOM, HOPE, COMMUNITY and DIGNITY.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements to support pupils at school with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medication.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the Local Authority (LA) and the Department for Education (DfE).

AIMS

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- adopt and implement the relevant DfE and LA policies and procedures
- arrange and update training for staff to support individual pupils;
- liaise as necessary with outside agencies in support of the individual pupil;
- ensure access to full education if possible.
- monitor and keep appropriate records.

ENTITLEMENT

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- To choose whether or not they are prepared to be involved;
- To receive appropriate training;
- To work to clear guidelines;
- To bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

MEDICATION

Where parents have asked the school to administer the medication for their child they must ask the pharmacist to supply any such medication to be dispensed in a separate container, containing only the quantity required for school use. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only administer medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible. Any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent. Parents can come into school at lunchtime to administer these medicines if they have not been prescribed

School staff will consider carefully their response to requests to assist with the giving of medication and that they will consider each request separately.

The school will liaise with the School Health Service or other medical agencies for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.

Any medicines brought into school by the staff e.g. antibiotics, pain medication, hay-fever medication, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

Only staff that have had first aid training can administer medicines. All doses must be recorded, signed and dated in the medical folder. These records are collated annually and kept in school for reference.

RESPONSIBILITIES

Parents and Carers

If the school staff agree to administer medication on a short term or occasional basis, the parent(s) are required to complete a Medical Consent Form *Verbal instructions will not be accepted*. Consent forms are available from the school office.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates
- Dispensing date/pharmacists details.

School Staff

Medication is only administered by staff that have received first aid training. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions will be undertaken.

Head teacher - will ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

The school will also work closely with the School Nurse and other agencies such as GPs and Paediatricians, the Local Authority, pupils and parents.

Governing Body

The governing body must 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. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions 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 may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should 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 should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The 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. They should ensure that staff are properly trained to provide the support that pupils need.

Children and young people 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, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore 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.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

INDIVIDUAL HEALTHCARE PLANS

The Individual Healthcare Plan (IHP) should be completed by Parent/Carer and signed by a member of school staff. It should include the following information.

- details of a child's condition, including triggers, signs, symptoms and treatment
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency

- what action to take in an emergency
- who to contact in an emergency
- the role the staff and support required
- Separate arrangements for school trips
- Reviewed annually or earlier if pupils needs change (parents to inform school)
- Individual Health Care Plans to be linked to statements/EHC plans if also in place

Any child returning to school after a period of hospitalisation will require an Individual Healthcare Plan in order for the school and staff to support the pupils integration back into school.

Copies of IHPs will be kept in the school office and a copy in the teachers personalised educational plans file.

PERSONAL EVACUATION PLAN (PEP)

For any child with medical needs a Personal Evacuation Plan is written in case of a fire. This plan is shared with all staff, including supply staff, working with the child in order to ensure a safe evacuation if necessary.

STAFF TRAINING

When training is delivered to school staff, the school will ensure that a training record is completed for inclusion in the Health and Safety records. Full training and refresher training is offered to staff for Emergency and Paediatric first aid, and any specific training for individual pupil support (asthma, etc.) as appropriate. Clear records are kept of the training by the Headteacher.

STORAGE OF MEDICINES

When items need to be available for emergency use, e.g. asthma pumps and Epipens, they are kept in the Office. Medicines are stored in the fridge in the staff room.

CLASS 1 and 2 DRUGS

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on school premises, a written stock record is also required in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term or educational visit.

ANTIBIOTICS

Parent(s) must complete the Medical Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in a refrigerator located in the school office. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made. If the child does not receive a dose, for whatever reason, the parent must be informed that day.

ANALGESICS (PAINKILLERS)

For pupils who regularly need analgesia (e.g. for migraine, toothache), an individual supply of their analgesic should be kept in school. School does not keep stock supplies of analgesics e.g. Calpol for potential administration to any pupil. Parental consent must be in place.

DISPOSAL OF MEDICINE

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

RESIDENTIAL VISITS

On occasion it may be necessary for the school/centre to administer an “over the counter” medicine in the event of a pupil suffering from a minor ailment, such as a cold, sore throat while away on an Educational Visit . In this instance, the parental consent form for the visit will provide an “if needed” authority. A written record is kept with the visit documentation and the Group Leader will inform the parent/carer on return from the visit.

REFUSING MEDICINE

When a child refuses medicine the parent should be informed the same day and be recorded accordingly. Staff must not force a child to take any medicine.

TRAVEL SICKNESS

DAY VISITS (e.g. to a museum or exhibition)

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child’s details, contents, and time of medication). Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY SCHOOL STAFF

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen can only be administered by school staff that have been designated as appropriate by the head teacher and who has been assessed as competent by the school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the head teacher. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen is in date. The Epipen should be stored at room temperature and protected from heat and light. It should be kept in a named box.
3. The Epipen should be readily accessible for use in an emergency

4. Expiry dates should be checked termly. The Epipen should be replaced by the parent(s) at the request of the school staff.
5. The use of the Epipen must be recorded on the child's Care Plan, with time, date and full signature of the person who administered the Epipen.
6. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school.
7. If the child leaves the school site e.g. school trips, the Epipen must be readily available and taken by the designated first aider for the school trip.

GUIDELINES FOR MANAGING ASTHMA

1. Inhalers MUST be readily available when children need them. Inhalers are kept in the classroom and labelled with the child's name. If a child has needed their inhaler many times in one day then parents will be informed.
2. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
3. Parent(s) should be responsible for renewing out of date and empty inhalers.
4. Parent(s) should be informed if a child is using the inhaler excessively.
5. If pupils are going on offsite visits, inhalers MUST still be accessible.
6. School staff have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).

GUIDELINES FOR MANAGING HYPOGLYCAEMIA ("HYPOS" OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES

To prevent "hypos"

1. There should be an Individual Healthcare Plan (IHP) and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the IHP.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Offsite activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypos"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per the IHP. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or the school nurse.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with the IHP.

GUIDELINES FOR MANAGING EPILEPSY

Epilepsy is a neurological disorder. The brain contains millions of nerve cells called neurons that send electrical charges to each other. A seizure occurs when there is a sudden and brief excess surge of electrical activity in the brain between nerve cells. This results in an alteration in sensation, behaviour, and consciousness.

FIRST AID

- Stay calm
- Protect student from injury but do not restrain movements
- Help the student lie down and turn on one side if possible
- Loosen all tight clothing
- Do not put anything in the mouth
- Do not give medicines or fluids until the child is completely awake
- Stay with the student until he or she is fully alert and oriented
- Provide reassurance and support after the seizure episode
- CPR should not be given during a seizure
- Record the duration and describe the seizure on the epilepsy log
- Report the seizure to the appropriate person: parents, school nurse and/or administrator

EMERGENCY FIRST AID

Call 999 if:

- First known seizure
- Seizure lasts more than 5 minutes
- Another seizure begins soon after the first
- The student stops breathing or has difficulty breathing after the seizure
- Student cannot be awakened after the seizure
- There are specific orders to call 999 from the doctor or parent
- The recovery is different than usual
- The need for assistance is uncertain.

MONITORING

This policy is monitored by the Head teacher, SENCO and the SEND governor on behalf of the governing body. Staff receive the full support of the Senior Leadership Team and governing body.

REVIEW

This policy is reviewed every three years or sooner if necessary.