



Policy: Supporting Pupils with Medical Conditions

Date: 10th July 2017

Relevant Supportive Legislation;
Health and Safety at work 1974
Children and Families Act 2014
SEND code of Practice
Equality Act 2010
Milton Keynes Clinical Commissioning Group 2017
Links to policies;
Freedom of Information Policy
Health and Safety Policy

Date created: February 2015
Responsible: Melanie Smith (Acting Deputy Headteacher)
Date Ratified: 05/02/15
Responsible Committee: Statutory
Date to be reviewed: Annually unless otherwise required due to new legislation
Statutory Policy: Y/N



Supporting Pupils with Medical Conditions Policy

Responsible Members of Staff: Melanie Smith and Catherine Oldfield

Rationale

LAs and schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act 2014, places a duty on schools to make arrangements for children 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. Teachers and other school staff 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 medicine.

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 the necessary and relevant information regarding the child's medical needs and medication / treatment.

Aims

The school aims to:

- ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.
- arrange training for staff to support individual pupils with their medical needs;
- monitor and keep appropriate records.

Procedure for pupils with specific medical conditions:

The persons named above are responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed

- pupil specific risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans (IHPs) are in place and monitored at least annually, dependent on the individual needs of each child. If the child's needs change, the IHP must be reviewed to reflect the changes.
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

Where children join St Bernadette's at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring on-going medication/support in school should be subject to an individual healthcare plan (IHP) which details the child's condition, triggers, signs, symptoms and treatment. IHPs must detail any medical intervention required and a designated section to record the time, date and details of any emergency intervention undertaken (see appendix - A).

If the parents, healthcare professional and school agree that an IHP is inappropriate or disproportionate for the level of need or treatment requirements, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record. It may be agreed that a Photograph Medical Reference Card (PMRC) is appropriate for the child.

All pupils with medical conditions that could require emergency treatment/response are subject to Photograph Medical Reference Cards (PMRC). A PMRC summarises the child's needs and the necessary emergency care/actions. PMRCs can be found prominently displayed in the medical room, staffroom display board and inside the teacher's cupboard door in the child's classroom. All staff and volunteers must familiarise themselves with the PMRCs for all pupils.

Children may be subject to PMRCs without the need for an IHP, for example, when there is no requirement for on-going medical care/treatment, but the possibility of emergency treatment/response may arise due to a specific medical condition.

All pupil medication must be stored in the medical room where a fridge is also available for storage when appropriate.

Medication for pupils with high levels of medical needs such as antihistamine, epipens, spare inhalers, diabetes testing kits, adrenalin etc. must be stored in the medical room in pupils' own boxes, labelled with names and photographs. The boxes will also contain a copy of the child's IHP and/or PMRC.

Older pupils may wish to carry a spare asthma inhaler in his/her school bag, but an additional inhaler must be stored in the pupil's box in the medical room.

Individual Healthcare Plans (IHPs)

The following information must be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies

- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- 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
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEN but does not have an Education, Health and Care plan (EHCP), their special educational needs should be mentioned in their individual healthcare plan

General First Aid procedures

All classes have a first aid pouch located in the high cupboards closest to the external exit. As a result, any minor injuries incurred in the classroom or on the playground can be treated by trained staff. Any treatment given must be recorded in the notebook within the first aid pouch. This must then be transferred at the soonest convenient time to the main medical log book located in the medical room.

Any major incident should be dealt with in the medical room, if the child is able to walk there, otherwise it should be dealt with at the site of the incident. If in doubt, the child must not be moved unless to put him/her into the recovery position when appropriate. A responsible adult must remain with the child whilst first aid is sought.

In the case of a serious incident or any form of head bump/injury, parents/carers must be informed immediately. Following a head bump, a "head bump" form must be completed and if the child remains in school following communication with parents, members of staff working with the child must be informed and must remain vigilant, referring back to the first aider if the child's condition worsens.

In the case of head bumps or other concerning injuries, where it has not been possible to contact parents/carers during the day, the member of staff dismissing pupils at the end of the day must ensure that the adult collecting the child is informed of the incident.

If it is necessary for an ambulance to be called and it is not possible to contact parents/carers, a member of staff will accompany the child to hospital.

Any form of treatment administered in school must be recorded and a note given to the child detailing the nature of the injury and the treatment.

Before using a plaster, the allergy list must be checked to ensure the child is not allergic to plasters.

All medication must be prescribed, clearly labelled and within date and must be delivered to the office by the parent/carer. The parent/carer must complete a blue indemnity medication form. Parents may only request that school staff administer prescribed medication if there is a requirement of 4 or more doses per day or if it is a requirement as part of the IHP.

Over the counter medicines, e.g. hay-fever treatments, cough and cold remedies will only be accepted in exceptional circumstances, and be treated in the same way as prescription medication. School staff will only administer non-prescribed medication if there is a requirement of 4 or more doses per day. The parent/carer must clearly label the container with the child's name, dose and time of administration and complete a blue indemnity medication form. Staff should check that the medicine has been administered without adverse effect in the past and that parents have certified that this is the case, a note to this effect should be recorded in the written parental agreement to administer medicine. The use of non-prescribed medicines should normally be limited to a 24-48 hrs (except for seasonal conditions such as hayfever). If symptoms persist medical advice should normally be sought by the parent. (Appendix 2 – Milton Keynes Clinical Commissioning Group 2017)

When no longer required, medicines must be returned to the parent to arrange for safe disposal. Sharps boxes must always be used for the disposal of needles and other sharps.

Adults dealing with situations involving blood, urine, vomit or other bodily fluids must always wear a pair of disposable plastic gloves, which are kept in the medical room cupboard. Tissues and a pair of disposable gloves are also kept in each classroom's medical cupboard. When dealing with bodily fluids, all personnel must wash hands before and after the incident. All spillages must be cleaned up using the appropriate cleaning product, currently Response Disinfectant. Any tissues, gloves etc. that have come into contact with blood, should be disposed of in the yellow bin in the medical room.

There is a school defibrillator located in the school office.

The head teacher / deputy head teacher should be informed about any child going home due to a medical incident.

A list of all staff with up to date first aid training can be found in the medical room and the Health and Safety Policy.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

The Head Teacher

- must ensure all staff are aware of this policy and understand their role in its implementation
- must ensure that risk assessments are undertaken regarding children with specific medical needs where visits and trips are taking place. The child's medical box, complete with IHP must be held by the adult accompanying the child who must have had appropriate training. The head teacher must ensure that accompanying staff

have assessed the impact of the child's medical needs on his/her participation in trips and visits, ensuring reasonable adjustments have been put in place.

- must ensure all staff who need to know are informed of a child's condition
- must ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- must contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse
- The head teacher is responsible for deciding whether to agree to requests for the administration of medicines to pupils.

School Staff

Any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

- Staff must receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- Staff will not administer medication that has not been prescribed by a medical practitioner
- Any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help
- Any medicines brought into school by members of staff e.g. headache tablets, 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, unless the member of staff is subject to a IHP due to their specific medical needs
- A member of admin staff (currently Mrs Oldfield) is responsible for maintaining an up-to-date spreadsheet of medical conditions and associated prescribed medication kept in school with expiry dates included. Parents must be informed when the expiry date of medication is approaching

School Nurses

- are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- may support staff on implementing a child's IHP and provide advice and liaison

Other healthcare professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans
- specialist local teams may be able to provide support for particular conditions (e.g. Asthma, diabetes)

Pupils

- should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

- should be trained to administer their own medication, under close supervision where appropriate
- Where appropriate may keep medication on their person if agreed via IHP (e.g. when wearing an insulin pump)

Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs
- must complete a blue indemnity administering of medication form if they require school staff to administer medication to their child
- must ensure that any medication that staff are to administer is prescribed, clearly labelled, within original container, include instructions for administration, dosage and storage and must be within date (exception = insulin which is generally available within an insulin pen/pump rather than original container)
- are the key partners and should be involved in the development and review of their child's IHP
- must carry out any action they have agreed to as part of the IHP implementation
- must provide the school with new up to date medication when informed that stored medication is approaching its expiration date
- should co-operate in training children to self-administer medication if this is practicable

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's IHP, it is not generally acceptable practice to:

- prevent a child from easily accessing his/her inhalers and medication and administering his/her medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or parent; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP;
- if the child becomes ill, send them to the school office / medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer 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;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including trips and visits, e.g. by requiring parents to accompany the child.
- Not adhering to requirements regarding confidentiality

This policy will be reviewed annually

