

Bessemer Grange

Draft Policy on supporting pupils with medical needs.

INTRODUCTION

This policy has been formulated from local authority guidance by school staff in conjunction with the Headteacher and with approval by Governors. It is written in accordance with the Department for Health and Department for Education and Employment's statutory guidance, 'Supporting Pupils at School with Medical Conditions September 2014

The Children and Families Act 2014, from September 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.**

The policy sets out how the school intends to manage the arrangements for supporting children with medical needs in school.

AIMS OF THIS POLICY

- 1) To assist parents by providing on-going care and support of children with long term medical needs via a health care plan
- 2) To ensure the safe administration of medicines to children where necessary and to help to support attendance
- 3) To explain the roles and responsibilities of school staff in relation to medicines and provide ongoing training in relation to children with medical needs
- 4) To clarify the roles and responsibilities of parents in relation to children's attendance during and following illness
- 5) To outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage
- 6) To outline the safe procedure for managing medicines on school trips

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:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;

- Bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

ROLES AND RESPONSIBILITIES

Provided that correct procedures are followed, staff will normally be covered by their employer's public liability insurance in the event of a claim. If legal action over an allegation of negligence were pursued, the employer rather than the employee is likely to be held responsible

HEADTEACHER

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice
- To ensure that there are sufficient First Aiders and appointed persons for the school to be able to adhere to this policy
- To ensure that staff receive appropriate support and training
- To ensure that this policy is reviewed annually

STAFF

The member of staff with key responsibility for medicines/medical care is the Inclusion Manager/SENCo (Ms Mincher and Ms Sendonari) who will initiate Individual Health Care Plans where this is recommended by a Health professional and arrange for staff training as necessary. The Inclusion Manager/SENCo will oversee liaison with Health professionals. Any arrangements for children with medical needs participating in off-site activities will be overseen by the Headteacher.

- Admin Staff: New intake children – medical needs when identified on forms to be notified to Inclusion Manager /SENCo
- To follow the procedures outlined in this policy using the appropriate forms
- To complete a health care plan in conjunction with parents and relevant healthcare professionals for children with complex or long term medical needs (Inclusion Manager /SENCo))
- To share medical information as necessary to ensure the safety of a child
- To retain confidentiality where possible
- To take all reasonable precautions to ensure the safe administration of medicines
- To contact parents with any concerns without delay
- To contact emergency services if necessary without delay
- To keep the first aid boxes stocked with supplies (Jackie Doherty KS1 and Elaine Walters KS2)
- Educational Visits Leader – see 'MEDICINES ON SCHOOL TRIPS' below
- Medical list to be available on teacher's cupboard door.
- To annually update the medical lists and distribute to teachers (Inclusion Manager/SENCo)

PARENTS/CARERS

- To give the school adequate information about their children's medical needs prior to a child starting school
- To follow the school's procedure for bringing medicines into school. Medicines should be in a prescribed container with a measuring spoon.
- To only request medicines to be administered at school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma
- To provide the school with emergency contacts where they or a nominated person can be contacted should their child become ill.
- Where a pupil has a significant medical need and health professionals advise that an individual Health Care Plan is required, parents/carers will be expected to participate fully in providing information in relation to the medical condition, agreeing and signing the plan for their child.
- To inform the school as soon as possible of any changes in their child's condition or treatment.

SCHOOL ATTENDANCE DURING/AFTER ILLNESS

- Children should not be at school when unwell, other than with a mild cough/cold
- Symptoms of vomiting or diarrhoea require a child to be absent from school and not to return until clear of symptoms for 48 hours
- Children should not be sent to school with a rash caused by any contagious illness
- Any other symptoms of illness which might be contagious to others or will cause the child to feel unwell and unable to fully participate in the school day require the child to be absent from school

SAFE ADMINISTRATION OF MEDICINES AT SCHOOL

- Medicines should only be brought to school when essential, i.e. where it would be detrimental to the child's health if the medicine were not administered during the school day. In the case of antibiotics, only those prescribed three or more times a day may be administered at school
- Only prescribed medicines (including eye drops) in the original container labelled with the child's name and dosage will be accepted in school
- Medicines will not be accepted in school that require medical expertise or intimate contact unless prior arrangement through a health care plan or personal care plan
- All medicines must be brought to the school office by an adult. Medicines must NEVER be brought to school in a child's possession
- The adult is required to complete a parental agreement form at the school office for the medicine to be administered by school staff
- The Headteacher must be informed of any controlled drugs required by children, e.g. Equasym.
- Painkillers, such as Paracetamol or Ibuprofen, may NOT be brought in to school unless prescribed if children are expected to take them over a period of time. However for other circumstances e.g. headaches, period pains, toothache, paracetamol that has

not been prescribed can be brought in to school for staff to administer but a parent/carer agreement form must be signed.

- Administration of medicines at school must be recorded on the medicines form and witnessed by a second member of staff.
- Parents may come to the school office to administer medicines if necessary.
- Some children may self-administer medication, e.g. insulin, if this has been directed by the parents when filling in the medicine form.
- If a child refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed

STORAGE OF MEDICINES

- Antibiotics (including antibiotic eye drops) must be stored in the fridge
- Tablets must be stored in the locked medicines cupboard in the office
- Epipens should be stored in the office
- Asthma inhalers should be stored in the child's classroom within the child's reach and labelled with their name and should be taken with the child during physical activities
- Antihistamine eye drops for severe hayfever must be stored in the office
- No medicines, other than asthma inhalers, may be kept in the classroom
- Parents are responsible for the safe return of expired medicines to a pharmacy

MEDICINES ON SCHOOL TRIPS

Children with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all children to participate fully and safely on school trips. Staff should discuss any concerns about a child's safety with parents.

- The teacher leading a trip is responsible for designating a school First Aider for the trip
- The teacher leading a trip is responsible for ensuring that arrangements are in place for any child with medical needs prior to a trip taking place, including ensuring that asthma inhalers are carried as required. A copy of any relevant health care plan should be taken on the trip
- The designated school First Aider on the trip will administer any medicines required and record the details on the School Trips Medical Form
- The First Aider will return the form and any unused medicines to the First Aid cabinet on return to school

The School's Emergency Procedures

1. Where it is clear that a child requires urgent medical attention, an ambulance will be called.
2. The caller will try to provide details of the child's known condition and symptoms. Where possible they will give the name and date of birth of the child.
3. Where urgent medication is required, e.g. EpiPen, the school will endeavor to administer the medication and call for an ambulance simultaneously.

4. The caller will give their name and provide details of the school's location to aid the Ambulance Service.
5. Parents/carers will be contacted as soon as possible where emergencies arise.
6. A pupil taken to hospital by ambulance will be accompanied by a member of staff who will remain until the parents/carers arrive.

Training

1. Staff who volunteer to administer medication will receive training by a suitably qualified medical professional.
2. A record of who delivered the training and who received the training will be kept by the school. A date for review of further training will be agreed at the first training session.
3. If a serious medical incident occurs in school, a debriefing session will be arranged in school.

Record Keeping

The school will keep records of the following:

- Medication administered
- Individual Health Care Plans
- Notification from parents/carers giving consent regarding medication issued
- Training records
- All records referred to in this policy will be kept separately and copied to the pupil's main file. • These records will be transferred with the child to subsequent schools throughout their school career.

Individual Healthcare Plans

Some children have medical conditions which are more long term and require proper management to enable continued access to education. Pupils with such conditions are regarded as having medical needs and although most can attend school regularly, they may need some support from the school to enable them to participate in most normal school activities. School staff may need to take extra care in supervising some activities to ensure that the safety of these and other pupils is not compromised.

It is the policy of Bessemer Grange Primary School to draw up individual healthcare plans (IHP) in partnership with the medical professionals involved with the children and the parents and whenever possible the child, to ensure the safety of such pupils. It should be noted that not all pupils who have medical needs will require a health care plan. The school, healthcare professional and parent will decide which pupils require such a care plan based on evidence.

An individual health care plan for a pupil with medical needs is used to identify the level of support that is needed at school. The care plan clarifies for staff, parents and the pupil, the help that the school can provide and receive, and will be written and agreed between the school, the child's parents, the healthcare professional, the child's medical carers (e.g. one-to-one carer), and where appropriate, the child. The care plan will set out in detail

the measures needed to support a pupil in school, including preparing for an emergency situation. The school will review the care plans on an annual basis.

Health care plans may identify a need for further information for school staff on specific conditions and/or training needs for dealing with emergency situations or administering injections etc. Any staff who volunteer to assist pupils with medical needs must receive appropriate training. Unless school staff have received the appropriate training, they should not administer medication to pupils.

It is understandable that some staff are reluctant to volunteer to administer intimate or invasive treatment due to the nature of the treatment, or fears about accusations of abuse. Staff will not be made to feel pressurised to assist in treatment; it will be the choice of the member of staff. In order to minimise the potential for accusations of abuse the school will arrange for two adults, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment. The school will ensure that, at all times that the dignity of the pupil is maintained as far as possible, even in an emergency situation.

To ensure that the Individual Health Care Plan continues to work effectively, regular informal monitoring will take place between the home and the school.

Confidentiality

Information contained within the Individual Health Care Plans will be treated in confidence and be used for no other purpose than for the school to establish a good support system. Agreement will be made between the Inclusion Manager/SENCo and the parents, who else should have access to the care plan and other information about the pupil. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance. The head will ensure that any new staff or supply teachers know about a pupil's medical needs. The parents of Year 6 pupils will be asked if they consent to the Individual Health Care Plan being sent to the secondary school on transfer.

Sometime it will be appropriate for a photograph to be kept with the child's Individual Health Care Plan. Normally these will be displayed in areas where pupils have restricted access e.g. staffroom and school office. This will be discussed with parents/carers and pupils as appropriate.

Monitoring and Reviewing the Policy

The Headteacher will ensure that this policy is implemented and monitored and is made known to parents/carers, staff and pupils.

The Governing Body will receive an annual report on the implementation and monitoring of the policy.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the headteacher. If for whatever reason this does not resolve the issue they may make a formal complaint via the school's complaint procedure.

Appendix A

Individual Healthcare Plan Framework.

Once it has been decided that a pupil requires an IHCP the school will use the following framework which highlights the stages involved in drawing up and operating an individual healthcare plan.

Decide who needs to attend

Identify the child's needs

Draw up a plan of support

Identify resources and training required

Implement Plan and circulate to all relevant staff

Monitor and Review outcome

Summary

1. Pupils who have long term medical conditions that require proper management to enable continued access to education are regarded as having Medical Needs.
2. The school will draw up Individual Healthcare Plans for such pupils.
3. Not all pupils with medical needs require an IHP
4. The Inclusion Manager/SENCo following discussion with the school nurse and other medical professionals involved with the child will decide if a pupil requires an IHCP
5. Once it has been decided that a pupil requires an IHCP, the plan will be written and agreed between the school, parents, the pupil (where appropriate), the school nurse and the child's medical carers (e.g. one to one carer)
6. Generally IHCPs will be reviewed annually
7. Information contained within IHCPs will be treated in confidence
8. The Inclusion Manager/SENCo and parent must agree who else may have access to the IHCP.
9. If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance.
10. The Inclusion Manager/SENCo will ensure that any new staff are made aware of a pupil's medical needs.
11. Any staff who volunteer to assist pupils with medical needs will receive appropriate training.
12. Unless school staff have received appropriate training they must not administer medication to pupils.
13. Each pupil with an IHCP must have a named member of staff who is responsible for the care plan e.g. Inclusion Manager. SENCo
14. The form in Appendix A will be used for those pupils who require an IHCP.

Child's name	Date of Birth
Year Group/Class	
Child's address	Medical condition or diagnosis
Date	Review date

Family Contact Information

Name of Parent/Carer	
Phone no. work	Phone no. mobile
Phone no. home	
Name	Relationship to child
Phone no. work	Phone no. mobile
Phone no. mobile	

GP/Clinic/Hospital Contact

Name	Phone no.

Who is responsible for providing support in school.....
.....

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication	Dose
Method of administration	
When to be taken	Side effects, contra-indications
Administered by	
Self-administered yes/no	With or without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips

Other information

Describe what constitutes an emergency, and the action to take if this occurs.

Who is responsible in an emergency

Plan developed with

Staff training needed/undertaken

Form copied to