



Morton CE Primary School

Supporting Pupils with Medical Needs Policy 2022-2023

Policy Co-ordinator: Executive Headteacher/Head of School

Policy Dated: September 2022

Date Reviewed: September 2022

Presented to Academy Committee:

Review Cycle: Annually

Hand in Hand, Together we can...Respect, Achieve, Enjoy, Believe

To be implemented in conjunction with statutory guidance for governing bodies of maintained schools DfE – Sept 2014
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
And LCC Schools Handbook – A20 – Medical Matters Relating to pupils.

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- a) Short-term affecting their participation in school activities which they are on a course of medication.
- b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Rationale

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, 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. 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 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 information.

Aims

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual pupils; •liaise as necessary with medical services 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:
 - 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.

Expectations

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- 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 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.
- School will request signed permission on the Medicines Form (see appendix) and keep a written record of each time a medicine is administered to a child, inform the child's parents and/or carers on the same day or as soon as reasonably practicable.
- that employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- the school will liaise with the NHS/GP 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. headache tablets, inhalers for personal use should be stored securely 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.

IMPORTANT NOTE: The school will not administer at any time medicine that contains aspirin or ibuprofen.

Asthma – School Emergency Inhalers

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 pupils inhaler is not available (for example, because it is empty or broken)

We have an Emergency Kit located by the School Office includes:

- three salbutamol inhalers and three spacers, which are all clearly labelled .
- Register of Parental Consent
- 'RED' Asthma Emergency Note – to go home
- School Emergency inhaler usage logbook – Staff must record usage

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)

Staff Responsibilities

Asthma Lead 1 and Asthma Lead 2 are responsible for ensuring that:

- Asthma Lead/s are available to support in an emergency situation
- Inhalers are checked monthly
- Replacement inhalers are obtained before the expiry date
- Replacement spacers are re-ordered and replaced after use
- Empty/out of date Inhalers are disposed of at the local Pharmacy (St Peters' are registered as a lower-tier waste carrier)

All Staff responsibilities:

- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant rucksack after use
- Staff must inform the Asthma Lead/s if a school emergency inhaler has been used so that a new spacer can be ordered
- School Emergency inhaler usage logbook – Staff must record usage

Other specific Medical Needs

Diabetes: When a child is diagnosed with diabetes, the school will actively engage with the parents and Diabetes Nursing Team. We will ensure training for staff and effective health and safety control (including risk assessments) for the provision of testing and insulin delivery.

Severe Allergic Reactions: When a child is diagnosed with a possible severe allergic reaction, the school will actively engage with the parents and School Nursing Team. We will ensure training for staff and effective health and safety control (including risk assessments) for the provision of an EpiPen. The school will seek under recent legislation to procure and keep a EpiPen as a spare.

Policy into Practice

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school.

Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review Date

Family Contact Information

Name

Relationship to Child

Phone No. (work)

Phone No. (home)

Phone No. (mobile)

Name

Relationship to Child

Phone No. (work)

Phone No. (home)

Phone No. (mobile)

Clinic/Hospital

Name

Phone No.

G.P

Name

Phone No.

Who is responsible for providing support in school

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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, contraindications, administered by/self-administered with/without supervision

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of school/setting

Name of Child

Date of birth

Group/class/form

Medical diagnosis or condition

Medicine

Name/type of medicine (as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self administration Yes/No

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Phone No.

Relationship to child

Address

I understand I must deliver the medication personally to:

(agreed member of staff)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s): _____

Date: _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of Child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	
Time and date of last dose	

Staff signature: _____

Signature of parent: _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (cont.)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature: _____

Date: _____

I confirm that I have received the training detailed above.

Staff signature: _____

Date: _____

Suggested review date: _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely