

# St.James' CofE Primary School



## Supporting Children with Medical Needs (inc asthma) Policy

Written by: R Andrew September 2016

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## Rationale

St.James' CofE Primary School values the abilities and achievements of all its pupils, and is committed to providing for each pupil the best possible environment for learning. We actively seek to remove the barriers to learning and participation that can hinder or exclude individual pupils, or groups of pupils. This means that equality of opportunity must be reality for our children. We make this a reality through the attention we pay to the different groups of children within our school.

This policy is to be read in conjunction with our:

- SEND Policy;
- Inclusion Policy;
- Health and Safety Policy.

## Introduction

The Children and Families Act 2014 states that arrangements for supporting pupils at school with medical conditions must be in place and those pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Many children, at some point during their time at school, will have a medical condition which may affect their potential to learn and their participation in school activities. For most, this will be short term; perhaps finishing a course of medication or treatment; other children may have a medical condition that, if not properly managed, could limit their access to education.

This policy includes managing the administration of medicines, supporting children with complex health needs and first aid. The school makes every effort to ensure the wellbeing of all children, staff and adults on site.

## Aims and Objectives

- **To ensure that children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.**
- **To establish a positive relationship with parents and carers, so that the needs of the child can be fully met** - Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines and care while at school to help them manage their condition and keep them well. Other children may require interventions in particular emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that their child's medical condition will be supported effectively in school and that they will be safe.

- **To work in close partnership with health care professionals, staff, parents and pupils to meet the needs of each child** – In making decisions about the support they provide, it is crucial that our school considers advice from healthcare professionals and listen to and value the views of parents and pupils.
- **To ensure any social and emotional needs are met for children with medical conditions** – Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition.
- **To minimise the impact of any medical condition on a child’s educational achievement** – In particular, long term absences due to health problems affect children’s educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term absences, including those for medical appointments, (which can often be lengthy), also need to be effectively managed.
- **To ensure that a Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively.**

## Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and parents and pupils will be critical.

### **The Headteacher is responsible for:**

- ensuring that a policy is in place to meet the needs of children with medical conditions;
- Ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- Ensuring that all staff who need to know are aware of the child’s condition;
- Ensuring that sufficient trained staff is available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations;
- ensuring that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way;
- Ensuring that the school nursing service is contacted 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;
- Ensuring that staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

### **School staff**

- Understand that any member of school staff may volunteer or be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so;
- Understand the role they have in helping to meet the needs of a child with a medical condition;
- Work towards/complete targets and actions identified within the Health Care Plan or the SEN Education, Health and Care Plan.

### **Healthcare professionals:**

- Notifying the school when a child has been identified as having a medical condition who will require support in school;
- Take a lead role in ensuring that pupils with medical conditions are properly supported in school, including supporting staff on implementing a child's plan;
- Work with Headteachers to determine the training needs of school staff and agree who would be best placed to provide the training;
- Confirm that school staff are proficient to undertake healthcare procedures and administer medicines.

### **Assisting Children with Long Term or Complex Medical Needs**

A proactive approach is taken towards children with medical needs. Every child with a long term or complex medical need will be offered a home visit from the SEND Co, pastoral lead or class teacher at the onset of condition or change in condition. This enables the school / parents to identify potential issues/difficulties before a child returns to school. Issues identified in the past have included access to classrooms, toilet facilities, additional adult support, lunchtime procedures and emergency procedures. A Health Care Plan (Appendix 1) will be produced for any child with long term/complex medical needs and will be reviewed on a regular basis. To assist children with long term or complex medical needs, the school will also consider whether any/all of the following is necessary:

- Adapting equipment, furniture or classrooms to enable the child to access a particular aspect of the curriculum or area of the school. Involving the home and hospital support service. Working in partnership with medical agencies and receiving advice/support from other professionals including the School Nurse;
- Arranging for additional adult support throughout specific parts of the school day;
- Adapting lesson plans;
- Establishing a phased attendance programme;
- Ensuring that there are procedures in place for the administration of medicine;
- Training for Support Staff/Teachers on a specific medical condition;
- Providing a programme of work for children who are absent from school for significant periods of time;
- Providing appropriate seating during assembly/carpet time;
- Ensuring there is adequate supervision during play times so that the health and safety of all children is not compromised;

- Ensuring that arrangements are made to include a child with medical needs on school visits.

## **Individual Health Care Plans**

An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents. Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.

Parents will receive a copy of the Health Care Plan with the originals kept by the SEND Leader. Medical notices, including pictures and information on symptoms and treatment are placed in the staff room and medical room, staff room and given to the child's class teacher for quick identification, together with details of what to do in an emergency. This will be placed in their class file.

## **Administering Medicines**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- A child under 16 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;
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- School will only accept 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;
- All medicines must be stored safely in the lockable store cupboard in the first aid room. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma

inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away; These will be kept in the classroom in a red basket, which will be in a visible place.

- School will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access;
- Controlled drugs should be easily accessible in an emergency a member of staff may administer a controlled drug to the child for whom it has been prescribed providing they have received specialist training/instruction;
- we will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted; Recording documents are kept in the First Aid file in the first aid room.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal;
- Sharps boxes should always be used for the disposal of needles and other sharps.

There is no legal duty which requires school staff to administer medication. However, staff across the school may administer medication to children provided that the parent/carer has completed an Administration of Medication Form (see Appendix 2). We will only administer non-prescription medicines under exceptional circumstances and with a written request and Headteacher approval. Occasionally, a child will show an adverse reaction to a new course of treatment and for this reason the school will not take responsibility for administering the first prescribed dosage. Medication should only be requested to be administered if it needs to be administered during school time. Where the dosage is 3 three times a day it is usually acceptable that these doses are given at home – before school, immediately after school and just before bedtime.

Medication and the request form should be handed to the office staff by a parent / carer; never the child.. For children in Key Stage 1 and 2, we encourage parents to provide correct dosages of medicine in an appropriate container for a member of staff to oversee the child whilst he/she takes it. All medication should be placed in a clear container (with a lid) and the name of the child, type of medication and dosage clearly displayed. Medicines should always be provided with the prescriber's instructions.

Pupils with asthma are encouraged to carry their inhalers with them when they leave the classroom for any length of time or for a PE lesson. However, a spare inhaler should also be kept in the first aid room. Children with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.

## **Storing medicines**

St. James' will only store, supervise and administer medicine that has been prescribed for an individual child. Where a child needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines from their original containers. Medicines are stored safely in the first aid Room and in the refrigerator if required. All *emergency medicines*, such as asthma inhalers and adrenaline pens are readily available to the child in their class' red basket

Children should know where their own medicines are stored.

## **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. This includes asthma medication. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

## **Safety Management of Medicines**

The storage of medicines must ensure that the risks to the health of others are properly controlled as set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

## **Emergency Procedures**

In emergency situations, where possible, the procedure identified on a child's Healthcare Plan will be followed. When this is not available, a qualified First Aider will decide on the emergency course of action. If it is deemed a child needs hospital treatment as assessed by the First Aider the following procedures must take place:

1. Stabilise the child
2. Dial 999
3. Contact parent/carer
4. Notify Head Teacher

The most appropriate member of staff accompanies child to hospital with all relevant health documentation (Inc. tetanus and allergy status) and clear explanation of the incident if witness does not attend. Senior member of staff should attend the hospital to speak to parents if deemed necessary.

## **Hygiene and Infection Control**

All staff should be aware of normal precautions for avoiding infections and follow basic hygiene procedures e.g. basic hand washing. The first aid room has full access to protective disposable gloves and care is taken with spillages of blood and body fluids.

## **Sporting Activities**

Some children may need to take precautionary measures before or during exercise. Staff supervising such activities should be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

## **Educational Visits**

We actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation.

Arrangements will always be made to ensure pupils with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

A risk assessment will be complete at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional that are responsible for ensuring that pupils can participate. A copy of the child's health care plan should be taken with the child on an Educational Visit.

The class teacher must also ensure that medication such as inhalers and epi-pens are taken on all school trips and given to the responsible adult that works alongside the child throughout the day. A First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the Academy in case of an emergency.

A three day trained first aider should attend all school trips especially when a child with a specific medical need is going. The first aider provisions at the destination of the trip should be included as part of the risk assessment. The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip. First Aid trained staff administering medication to children on school trips should follow the guidelines above.

## **After School Clubs**

It is the responsibility of school clubs (from outside providers) to liaise with parents/carers and to send home a medical form for completion. Our school must ensure that all clubs know how to obtain medical assistance, where the first aid room is, location of the medication and how to dial for an outside line if they need to call an ambulance.

## **Breakfast Club and After School Club**

Each club must have a trained First Aider and a first aid kit close at hand. Each club must also have access to the school's first aid room. On the booking forms parents must state any medical needs and allergies and provide a contact number in case of emergency. Any child who requires medicine must have written confirmation from the parent.

## **Staff Training**

Any member of the school staff providing support to a pupil with medical needs must have received suitable training. It is the responsibility School Nurse to lead on identifying with other health specialists and agreeing with the Academy, the type and level of training required, and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.

Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

It is important that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. We will ensure that training on conditions which they know to be common within their school is provided (asthma, epi pen, sickle cell, diabetes for example)

Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met but they should provide specific advice, nor be the sole trainer.

## **First Aid at playtimes**

The nearest member of staff should provide an initial assessment of an accident. Clearly defined issues such as grazes can be dealt with by all staff. If a first aider's assessment and treatment is required, they will be sent for. All staff will need to complete an accident form after administering first aid, which should be copied. One copy will go in the accident file, the other should be given to the class teacher in order to be sent home. Head injuries should always be seen by a trained first aider.

When a child has been treated for a bumped head, they should wear a clearly identifiable bumped head sticker.

All staff will have access to a first aid kit at playtime.

## **Asthma**

Every child should have an Asthma care plan (Appendix 3) The pastoral lead will track the expiry dates and update the plans as necessary. These plans will be stored with the inhalers in the class red baskets. New plans will be written with the school nurse