



CHIVENOR
PRIMARY SCHOOL

Medical Needs Policy

Date: September 2021
Review Due: September 2022

Medical Needs Policy

Supporting pupils at school with medical conditions policy

At Chivenor Primary School we welcome everybody into our community; we are an inclusive school. The Staff, Governors, pupils and parents strive for a happy, welcoming place where children and adults can achieve their full potential and develop as confident individuals. At Chivenor Primary School we believe in achievement, ambition and progress for all children.

Chivenor recognizes that pupils with medical conditions at school should be properly supported so that they have full access to education, including school trips and PE. Some children with medical conditions may be disabled and where this is the case the school will comply its duties under the Equality Act 2010.

Chivenor will 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. We will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

Chivenor will ensure that arrangements and adjustments we make for the child give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. These arrangements will 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. Staff will be properly trained by health professionals and/or specialist teachers, to provide the support that pupils need.

Managing medical conditions

The person responsible for managing support for children with medical conditions is the Inclusion Lead /SENDCo who is responsible for ensuring that sufficient staff are suitably trained and will ensure that:

- all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable,
- individual healthcare plans are monitored.

Senior Teaching Assistant and Lead First Aider will monitor Care Plans and day to day administration of care, in arrangement with parents and medical staff.

Healthcare Plans

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions.

Healthcare plans provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree,

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based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head is best placed to take a final view.

In consultation and with advice from healthcare professionals and parents a meeting will be held with all the adults concerned and if appropriate the child, to draw up a Healthcare Plan which will form the basis of the child's care in school, medication, emergency protocol and recommendations for staff.

Chivenor will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed with the child's best interests in mind and ensure that we assess and manage risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where pupil have asthma school will follow the Birmingham School asthma policy.

The child's role in managing their own medical needs

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

Reintegration following absence due to treatment/poor health

Chivenor will undertake to devise a reintegration programme for children who have had a period of absence due to their health needs. The school will liaise with home schooling service and hospital school where appropriate, as well as meeting with parents, teachers, and support staff to enable the child to settle back into school. Children who have frequent or regular periods of absence due to health needs will also be supported to maintain access to education and friendships.

Staff training and support

Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

Training should 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 an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Where necessary whole school training will be provided for all staff so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff will be included. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

Managing medicines on school premises

- medicines will 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 will be given prescription or non-prescription medicines without their parent's written consent
- 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. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- Chivenor 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 are stored safely. 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 adrenaline pens should be always readily

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available to children and staff. This is particularly important to consider when outside of school premises e.g. on school trips

- a child who has been prescribed a controlled drug will have it securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. Chivenor 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 will be noted. A second staff member will be present to confirm dosage administration and sign
- when no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharp implements and given by parents

Emergency procedures

Where a child has an individual healthcare plan, it will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Chivenor will ensure it understands the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Day trips, residential visits and sporting activities

Chivenor actively supports pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Chivenor will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Chivenor will consider what reasonable adjustments may be needed to enable children with medical needs to participate fully and safely on visits. A risk assessment will be carried out before hand with parent involvement and child consultation as well as advice from the relevant healthcare professional so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

What Chivenor will NOT do

Chivenor will never:

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- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; 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 individual healthcare plans;
- if the child becomes ill, send them to the school office or 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 or other 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 medication or provide 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; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

First Aid in school

Procedures for accidents in school generally fall into the three categories outlined below. All staff should ensure that they are familiar with these procedures, which are a safeguard for both themselves and the pupils. Any injury to a child **MUST** be reported to the school office.

Category 1: Injuries where First Aid can be administered by a Designated First Aider:

Small cuts, contusions, grazes, nosebleeds

Category 2: Injuries where advice from a Designated First Aider should be sought immediately:

- Bumps to the head, sprains, twists to wrists/ankles, cuts to the head, lacerations and suspected fractures.

These injuries, with details of treatment given, must be recorded in the School's Accident/Illnesses Book, which is kept in the Administration Office. [NB If the injury is a 'bump to the head' or a mark has been left a parent/guardian must always be informed] In the case of other minor injuries it may be necessary to contact the parents either by

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telephone or letter to bring their attention to the accident and also if further medical attention is recommended e.g. possible delayed concussion.

Category 3: Injuries where a pupil needs medical attention outside of the school. [NB Accidents in category (2) may become category (3) after consultation by a Designated First Aider].

The parents must be notified of a visit to hospital and an LEA Accident Form must be completed within 24 hours of the accident. The Head Teacher must be kept informed of proceedings.

In such cases the following procedure should be adopted:

- An ambulance should be requested
- The pupil's parent(s) or a designated contact should be contacted, if possible, so that they can either:
- Accompany the pupil in the ambulance if parent/carer unable to
- If the parents cannot be contacted the pupil may be sent in an ambulance to hospital. The school should continue to try and contact the parents or designated contact and request them to go directly to the hospital.
- Parents should be requested to notify the school of the nature of the injuries. This will assist in the completion of the LEA Accident Report.

For Section 3 injuries a Designated First Aider may well require the assistance of a second First Aider.

Staff are advised to wear the barrier medical gloves when treating pupils. A supply of these is readily available.

Pupils who are ill in school

When a pupil appears to become ill whilst at school, the child should initially be monitored by the class teacher. If symptoms persist, the advice of a first aider may be sought. If a child is felt to be too unwell to remain in school, the class teacher, in consultation with the head of school, will arrange for parents to be contacted and the child collected.

Complaints

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

Covid-19

During Covid-19 restrictions and guidance some administration will be distanced/supervised. PPE will be used as per School Risk Assessment.