

St James' Church of England Junior School

(Voluntary Controlled)



Supporting Pupils with Medical Conditions Policy

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St James' C of E Junior School

Tower Hamlets Road

Drawn up by	DHT
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Policy for Supporting Pupils with Medical Conditions

THE LEGISLATION THIS POLICY IS BASED UPON:

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

We define a medical condition as: “a medical problem that needs to be treated or managed.”

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.
- To ensure the needs of children with medical conditions are effectively supported

Procedure

The Inclusion Manager is 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 ;
- risk assessments for visits and activities out of the normal timetable are carried out ;
- individual healthcare plans are monitored (at least annually) ;
- transitional arrangements between schools are carried out ;
- if a child’s needs change, the above measures are adjusted accordingly .

LINKED POLICIES:

In addition to this policy, the school has other policies which refer to medical needs and conditions. These are:

a) **Automated External Defibrillators (AEDs)**

The school has purchased an Automated External Defibrillator (AED). An AED is a machine used to give an electric shock when a person is in cardiac arrest, i.e. when the heart stops beating normally. The school has a separate policy for the AED.

b) **Nut-Free Policy**

The school aims to protect children who have allergies to nuts yet also help them, as they grow up, to take responsibility as to what foods they can eat and to be aware of where they may be put at risk. A Nut-Free Policy exists and should read in conjunction with aims to practise of this policy.

THE ROLE OF THE NAMED PERSON & INDIVIDUAL HEALTH CARE PLANS

The school's Inclusion and Safeguarding Co-ordinator, supported by the school Nurse, will ensure that procedures are followed whenever a school is notified that a pupil has a medical condition. (See procedures below)

The Inclusion and Safeguarding Co-ordinator will be responsible for individual healthcare plans, their development and their use in supporting pupils at school with medical conditions.

Individual Health Care plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They are developed with the child's best interests in mind and seeks to assess and manage risks to the child's education, health and social well-being and minimise disruption.

(See Appendix 1)

Individual Healthcare Plans (IHPs)

Individual Healthcare plans will be written in consultation with the parent, a member of school staff and a healthcare professional involved in providing care for the pupil. Pupils may be involved whenever appropriate.

The following information should be considered when writing an individual healthcare plan for pupils with a medical condition:

- 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 visits 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, their special educational needs should be mentioned in their individual plan;

For pupils with an existing medical condition that are joining St. James' at the start of a new academic year, these arrangements should be in place for the start of term. Where a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks. Meetings with all relevant parties need to take place to draw up and implement IHP. If deemed appropriate, the child may attend school and the parent asked to administer medication and/or support as prescribed. Where a child joins mid-term the previous school is contacted if appropriate.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that the child needs. If the parents, healthcare professional and school agree that a

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healthcare plan is inappropriate or disproportionate, 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.

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:

- should ensure all staff are aware of this policy and understand their role in its implementation;
- should ensure all staff who need to know are informed of a child's condition;
- should 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;
- is responsible for the development of IHPs;
- should 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.

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;
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions;
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

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 (eg. Asthma, diabetes).

Pupils:

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

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Parents

- must provide the school with sufficient and up-to-date information about their child's medical needs;
- are the key partners and should be involved in the development and review of their child's IHP;
- should carry out any action they have agreed to as part of the IHP implementation.

PROCEDURES FOR HANDLING AND ADMINISTERING MEDICINES IN SCHOOL

Rationale

At St. James' we want all our pupils to be happy, safe, fit and well. In order to achieve this, we believe a clear policy on the handling and administration of medicines in school is necessary to safeguard all of the pupils in our care.

c) Medical Equipment:

It is the responsibility of the First Aid staff in school to ensure that the first aid stocks are checked and replenished regularly and that all first aid equipment is maintained. Where deficiencies are identified ensure new stock is ordered by placing an order with the School Business Manager.

d) Storage and handling of Medicines

Medicines for children with IHPs are stored centrally in the school first aid room and are handled by adults only. At no time should children be given medicines to bring in or take home from school. Only medicines that have parental authorisation and are appropriately named are allowed in school.

e) Parental Authorisation Forms:

With the exception of IHP and asthma inhalers, medication is rarely administered in school. However, where there is a need, parents must complete the appropriate authorisation for administering medicines in school form, clearly indicating the name of medication and relevant dosage to be taken. These forms can be obtained from the school office.

All forms must be checked by authorised First Aid staff on a regular basis to ensure accuracy of information and expiry dates of medicines.

If children are prescribed with medicines which must be taken during the school day, for example, antibiotics to be taken four times a day, parents are asked to deliver this medication to the front office. The medicine should be clearly labelled by the dispensing chemist, with the child's name s and the dosage (intervals and amounts).

In the case of storage for children, these will normally be stored in a central place with the child's name clearly labelled on a school container.

However, children are monitored administering the required dosage when needed. Children will be responsible for storing their own inhalers while on educational visits and are required to advise medical staff when they use it.

f) Medicine Administration:

First Aid staff dispense all oral medicine to children and support or supervise diabetic children with administering insulin and carrying out their blood tests. Children with asthma, administer their own medication, where stated on IHP, under supervision of the First Aider.

g) Non-prescribed Medicines:

Medicines that are not prescribed such as cough lozenges etc. will not be administered by First Aid staff and are not to be brought to school.

h) Administration of Antibiotics (for pupils with IHP only):

The administration of antibiotics in school will be permitted only if the recommended dosage is four or more

times per day. A prescribed dosage of 3 times per day is usually taken at home before school, after school and at bedtime.

i) **Monitoring of Administration of Medicines:**

When a child receives medication in school, details are to be recorded on the appropriate Daily Medical Register which is located in the first aid room.

j) **Qualified First Aid Staff:**

First Aid staff must hold the appropriate up-to-date Health and Safety at Work Certificate and should attend renewal courses as appropriate. The school currently has 16 qualified First Aiders.

k) **Educational Visits:**

A portable First-Aid kit and individual pupils medicines must be taken on all Educational Visits. This is the only time medication will be allowed outside the designated storage area for medicines in school. On such visits medicines are to be transported and administered by a designated member of staff (see Educational Visits Policy and relevant authorised Risk Assessments for each visit). Pupils who need to take asthma inhalers will carry them and be responsible for them while out on Educational visits.

l) **NHS Guidance on the use of emergency salbutamol inhalers in school, Department of Health, 2014:**

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, 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 be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Procedure for pupils with anaphylaxis lunch time.

1. All pupils that have a care plan for anaphylaxis are required to wear a school allergy lanyard
2. Each lanyard will indicate the pupils first name and the food he / she is allergic to
3. This will enable all kitchen staff to identify the individuals.
4. Allergy list will be displayed in the school kitchen and staff room, pupils name and food he / she are allergic to.

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Appendix 1

