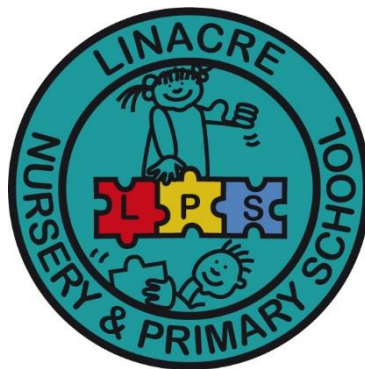


Linacre Nursery and Primary School



Supporting Children with Medical Needs Policy

2022 -2023

The supporting Children with Medical Conditions in school policy will provide guidance to ensure;

- That the school meets its statutory responsibilities to manage medicines and medical conditions in line with Government guidance Supporting pupils at school with Medical conditions 2015; Special Educational Needs and Disability Code of Practice: 0-25 years 2014 and the Equalities Act 2010.
- That the school implements inclusive practices to support children and young people with medical conditions.
- That the school aims to provide all pupils with all medical conditions the same opportunities as others at school.

The school will ensure the implementation of the Supporting Medical Conditions in school Policy to meet the following values and principles:

- All children/young people and staff are healthy and stay safe.
- Parents, children and young people feel secure and confident in the schools ability to support their child.
- Pupils make a positive contribution and get to experience a wide and varied curriculum and experiences.
- Ensure all staff understand their duty of care to safeguard children and young people in all aspects of their needs and especially within the event of an emergency.
- Ensure all staff are appropriately trained, competent and confident in knowing what to do in an emergency.
- Develop the schools understanding that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- That the school understands the importance of medication being taken as prescribed.
- All staff understand common medical conditions that affect children/young people at our school. Out staff receive training on the impact medical conditions can have on children/young people from specialist medical staff.
- Appropriate links with external agencies are established.
- Parents and where appropriate, pupils are included in the process of managing their condition.

Policy

1. The school is an inclusive community that aims to support and welcome all children and young people including those with medical conditions.

- i. The governing body understand that it has a responsibility to make arrangements for supporting pupils with medical conditions who currently attend and to those who may attend in the future.
- ii. Pupils with medical conditions are encouraged to take control of their condition and pupils feel confident in the support they receive from the school to help them do this.
- iii. The school ensures to provide all children with all medical conditions the same opportunities at school.
- iv. The school aims to include all pupils with medical conditions the same opportunities at school.

- v. The school ensures all staff (Teaching and Support) understand their duty of care to children and young people in the event of an emergency.
- vi. Parents of pupils with medical conditions feel secure in the care their children receive both in school and on educational visits.
- vii. All staff are confident in knowing what to do in an emergency and receive regular training to do so.
- viii. There is knowledge that certain medical conditions are serious and can be potentially life-threatening.
- ix. All staff understand the common medical conditions (including Asthma, Epilepsy, Diabetes and Anaphylaxis), that can affect all children/young people in school. Staff receive training on the impact this can have on pupils.

2. All staff have a sound knowledge, understand their role and are trained to a level that fulfils and informs them in what to do to support children/young people with the most common serious medical conditions found at the school and how to uphold the policy .

- i. The SENCO, Miss Abram is responsible for the training and communication of any medical conditions within the school.
- ii. All staff at the school are aware of the most common serious medical conditions which they may come across when children are in their care.
- iii. Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.
- iv. All staff that work directly with pupils receive training and know what to do in an emergency for the pupils in their care with medical conditions.
- v. Training is refreshed for all staff as appropriate and should be referred to the child/young person's individual Healthcare Plan.
- vi. The school uses the child/young person's individual Healthcare Plan to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help.
- vii. The school has procedures in place so that the most up to date/single master copy of the child/young person's individual Healthcare Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- viii. The school has plans in place to cover staff absences and sickness.

The following roles and responsibilities are recommended practice within the policy. These roles are understood and communicated regularly.

Governing Body

The school's Governing body has a responsibility to:

- Uphold the Equality Act 2010 and make any reasonable adjustments.

- Ensure that arrangements are in place to support pupils with medical conditions (plans and suitable accommodation). In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening and therefore focuses on the needs of the individual child/young person.
- Make sure the supporting medical conditions in school policy is effectively implemented, monitored and evaluated and updated in line with the school policy review timeline.
- Ensure all parents are fully aware and understand their responsibilities.

Headteacher

The school's headteacher has a responsibility to:

- Ensure the school puts the policy into practice and develop detailed procedures.
- Liaise between interested parties including child/young people, school staff, SENCO, support staff, school nurses, parents, governors, the school health service, the Local Authority and the local emergency care services and seek advice when necessary.
- Ensure every aspect of the policy are maintained even if they are not the governing bodies nominated staff member.
- Ensure that information held by the school is accurate and up to date and that there are good information sharing system in place using child/young person's individual Healthcare Plans.
- Ensure child/young person's confidentiality.
- Assess quality assured training and support the development needs of staff and arrange for them to be met via formally commissioned arrangements.
- Ensure all supply teachers and new staff know the medical conditions policy.
- Delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical register.
- Monitor and review the policy annually with input from child/young people, parents, staff and external stakeholders and update according to review recommendations and recent local and national guidance and legislation.
- Report back to all key stakeholders about implementation of the policy.
- In partnership with the parent have joint responsibility for the safe travel of the child/young person.
- Provide staff to cover absence.

ALL School Staff

All staff as the school have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in any emergency by receiving whole school awareness training.

- Be aware that medical conditions can affect a child/young person's learning and provide extra help when child/young people need it.
- Understand the policy and how this impacts on children and young person's education.
- Know which child/young persons have an individual Healthcare Plan.
- Allow all child/young people to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure child/young people who carry their medication with them have it when they go on a school visit or out of the classroom.
- Be aware of child/young people with medical conditions who may be experiencing bullying or need extra social support.
- Understand the common medical conditions and the impact it can have on child/young people.
- Ensure all child/young people with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure child/young people have the appropriate medication or food with them during any exercise and area allowed to take it when needed.

First Aider

First aiders at the school have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- When necessary ensure that an ambulance or other professional medical help is called.

Our current first aiders in school;

Kerry Moore (Lunchtime Supervisor)

Vicky Yule (Teaching Assistant)

Maureen Powell (Teaching Assistant)

Due to receive first aid training in October 2022;

Miss B Farrell (Class Teacher)

Miss N Jones (Class Teacher)

Mrs S Seddon (Class Teacher)

Mrs A Hunt (Class Teacher)

Mrs B Roberts (Teaching Assistant)

Mrs S Crato (Class Teacher)

Miss E Lomas (Teaching Assistant)

Mrs H Pilkington (Learning Mentor)

Mrs J Jackson (Lunchtime Supervisor)

Mrs K Harrison (Lunchtime Supervisor)

Mrs A Nugent (Lunchtime Supervisor)

Miss K Brown (Class Teacher)

Special Educational Needs Co-Ordinator (SENCO)

The SENCO at the school has responsibility to:

- Help update the school's medical condition policy.
- Know which child/young people have a medical condition and which have special educational needs because of their condition.

- Be the key member or liaise with other staff to ensure child/young people with medical conditions continue to make expected progress.
- Ensure teachers make the necessary arrangements and make reasonable adjustment if a child/young person needs special consideration or access arrangements in exams or course work.

Health Services

The school nurse and others from the local Health Community and services who work with school has a responsibility to:

- Co-operate with schools to support children/young people with a medical condition.
- Be aware of the needs and training the school staff need in managing the most common medical conditions at school.
- Provide information about where the school can access other specialist training or alternative training if this has been locally developed.

Other healthcare professionals, including GPs and paediatricians have responsibility to:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing healthcare plans
- Consider that specialist local health teams may be able to provide support in schools for children with particular conditions (e.g asthma, diabetes, epilepsy).

Parents

The parents of a child/young person at the school have a responsibility to:

- Tell the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Healthcare Plan for their child.
- Inform the school about the medication their child requires during school hours.
- Inform the school of any medication their child requires while taking part in educational visits or residential visits, especially when these include overnight stays.
- Tell the school about any changes to their child's medication, what they take, when, and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name and date of birth and a spare is provided with the same information.
- Ensure that their child's medication is within expiry date.
- Inform the school if their child is feeling unwell.
- Ensure their child catches up on any school work they have missed.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional and information that will require the school to support your child is passed onto them.

3. All staff understand and are trained in the school's general emergency procedures

- i. The school has a general Health and Safety Policy that includes risk assessments and have arrangements in place to deal with emergencies.
- ii. All staff know what action to take in the event of a medical emergency.
This includes:
 - How to contact emergency services and what information to give.
 - Who to contact within the school.
- iii. Action to take in a general emergency is displayed in prominent locations for staff. These include classrooms, the staff room, food preparation areas and sporting facilities.
- iv. If a child/young person needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the child knows.
- v. Staff should not take child/young people to hospital in their own car it is safer to call an ambulance.

3. The school has clear guidance on the administration of medication at school and what is deemed as unacceptable practice.

- Regulations regarding giving children medicine in school. If your child is required to take any medication during the school day, school staff may only administer it if it has been prescribed and is needed 4 times daily. In this instance it must be handed in at the school office and a form completed. The medication must be clearly labelled with the child's name and must be accompanied with a signed letter of consent. Inhalers are not included in this.

Administration – general

- i. The school understands the importance of medication being taken as prescribed.
- ii. All use of medication defined as a controlled drug, even if the child/young person can administer the medication themselves, is done under the supervision of a member of staff at the school.
- iii. There are several members of staff at the school who have been specifically contracted to administer medication and received the relevant training from healthcare professionals. See Appendix 1.
- iv. If a trained member of staff, who is usually responsible for administering medication, is not available the school makes alternative arrangements to continue to provide this support.
- v. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to children/young people under the age of 16, but only with the written consent of their parent.
- vi. Training is given to all staff members who agree to administer medication to pupils.
- vii. Where specific training is needed. The local authority provides full indemnity.
- viii. Parents at school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they should notify the school immediately.
- ix. If a child/young person at the school refuses their medication, staff should not force them and record this and follow procedures set out in the individual Healthcare Plan. Parents are informed as soon as possible.

- x. If a child/young person misuses medication, either their own or another child/young persons, their parents are informed as soon as possible. The child/young person are subject to the school's usual disciplinary procedures.

Administration – Emergency Medication

- i. All children/young people with medical conditions has easy access to their medication.
- ii. A child/young person who does not carry and administer their own medication know where their medication is stored and how to access it.
- iii. Children/young people who do not carry and administer their own medication understand the arrangements for a member of staff (and the secondary member of staff) to assist in helping them take their medication safely.

Unacceptable Practice

The school uses its discretion and professional judgment on individual cases but it is not generally acceptable practice to:

- Prevent a child/young person from easily accessing their medication or inhalers when or where necessary.
- Assume that every child with the same condition requires similar or the same support.
- Ignore the views of the child/young person and their parents.
- Send children/young people home frequently or prevent them from staying for school activities.
- Send a child unaccompanied to the school office if they become ill.
- Penalise their attendance records if their absences are related to their medical condition e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks in order to effectively manage their own medical condition.
- Require parents or make them feel obliged to attend school to administer medication or provide medical support.
- Prevent or create unnecessary barriers to children participating in any aspect of their educational experience, this includes school visits, e.g. requiring the parents to accompany the child.

4. **The school has clear guidance keeping clear and up to date records which supports the planning and access to school.**

Administration/Admission forms

Parents at Linacre Nursery and Primary School are asked if their child has any health conditions or health issues on the admission form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on admission forms.

School Medical Register

Individual Healthcare Plans are one document that is used to create a medical register of pupils with medical needs, not all children/young people with medical conditions will need an individual plan. An identified member of staff has responsibility for the medical register at school. The identified member of staff has responsibility for the medical register and follows up with the parents any further details on a child/young person's Individual Healthcare Plan required or if permission for administration of medication is unclear or incomplete.

Individual Healthcare Plans

Drawing up Individual Healthcare Plans. (See Appendix 2)

- i. An individual Healthcare plan may be initiated by a member of school staff, plans should be drawn up with the input of healthcare professionals e.g. Specialist Nurse, parents and the child.
- ii. As a sign of good practice the school will use Individual Healthcare Plans to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments and used to identify the level of support they need on receipt of medical evidence from a Doctor or hospital.
- iii. An individual Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:
 - at the start of the school year
 - at admission
 - when a diagnosis is first communicated to the school.
- iv. If a child/young person has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete.

Ongoing communication and review of the Individual Healthcare Plan

- i. Parents at this school are regularly reminded to update their child's individual Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication, treatments or conditions change.
- ii. Staff at this school use opportunities to invite parents to review and check that information held by the school on a child/young person's condition is accurate and up to date.
- iii. Every child/young person with an Individual Healthcare Plan at this school has their plan discussed and reviewed at least once a year.
- iv. Where the child has SEND, the Individual Healthcare Plan should be as part of the graduated approach of Assess, Plan, Do, Review and/or linked to their Education Health Care Plan if they have one.
- v. All staff are made aware of any child with an Individual Healthcare Plan and have had training from the appropriate agencies, such as the School Nurse on emergency Asthma care.

Storage and access to Individual Healthcare Plans

- i. The school ensures that all staff protects confidentiality.
- ii. Individual Healthcare Plans are kept in a secure central location at school.

- iii. All members of staff who work with groups of children /young people will access the Individual Healthcare Plans to provide support with their planning of teaching and learning.
- iv. When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the individual Healthcare Plans of children/young people in their care.
- v. The school seeks permission from parents to allow the Individual Healthcare Plan to be sent ahead to emergency care staff, should an emergency happen during school hours or at a school activity outside the normal school day. This permission is included on the Individual Healthcare Plan.

Use of an Individual Healthcare Plan

- i. Individual Healthcare Plans are used by the school to:
 - Inform the appropriate staff and supply teachers about the individual needs of children/young people with a medical condition in their care.
 - Remind children/young people with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times.
 - Identify common or important individual triggers for children/young people with medical conditions at school that bring on symptoms and can cause emergencies. The school uses this information to help reduce the impact of common triggers.
 - Ensure that all medication stored at school is within the expiry date.
 - Ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency.
 - Remind parents of a child/young person with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Consent to administer medicines

- ii. If a child/young person requires regular prescribed or non-prescribed medication at school, parents are asked to provide consent on their child's Individual Healthcare Plan giving the pupil or staff permission to administer medication on a regular/daily basis if required.
- iii. All parents of children/young people with a medical condition who may require medication in an emergency are asked to provide consent on the Individual Healthcare Plan for staff to administer medication.
- iv. If a child/young person requires regular/daily help in administering their medication then the school outlines the school's agreement to administer this medication the Individual Healthcare Plan. The school and parents keep a copy of this agreement.

Off-site, Sporting Activities and Residential Visits

- i. Parents are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the child/young person's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help children/young people manage their condition while they are away. This includes information about medication not normally taken during school hours.
- ii. When attending a residential visit or off-site activity (including sporting events) the lead staff member will have copies of all visit paperwork including risk assessments for children/young people where medication is required. A copy of the Individual Healthcare Plan's will accompany the child/young person if necessary and a reference should be made to any medical conditions in the planning and risk assessment prior to the visit.
- iii. All parents of a child/young person with a medical condition attending an off-site activity or overnight residential are asked for written consent, giving staff permission to administer medication if required and an individual Healthcare Plan has not been drawn up.
- iv. The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition while they are away.

5. There is clear guidance on the safe storage and handling of medication at school

Safe storage - Emergency Medication

- i. Emergency medication is readily available to children/young people who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.
- ii. Children know exactly where to access their emergency medication and which member of staff they see.

Safe storage – non-emergency medication

- i. All non-emergency medication is kept in a secure place, in a cupboard in a cool dry place. Pupils with medical conditions know where their medication is stored and how to access it.
- ii. Staff ensure that medication is only accessible to those for it is prescribed.

Safe storage – general

- i. There is an identified member of staff who ensures the correct storage of medication at school.
- ii. All controlled drugs are kept in a cupboard and only named staff have access, even if the child/young person normally administers medication themselves. 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.
- iii. It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

- iv. Three times a year the identified member of staff checks the expiry dates for all medication stored at school.
- v. The identified member of staff, along with the parents of children/young people with medical conditions, will ensure that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name and dose of the medication and the frequency of dose. This includes all medication that pupils carry themselves.
- vi. All medication is supplied and stored in its original containers/packages. All medication is labelled with the child/young person's name, date of birth, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency.
- vii. Medication will be stored in accordance with instructions, paying particular note to temperature.
- viii. Some medication for pupils at this school may need to be refrigerated. All refrigerated medication is stored in an airtight container and is clearly labelled. Refrigerators used for the storage of medication are in a secure area that is only accessible to staff.
- ix. All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.
- x. Medication is administered by two people who witness and sign a log of medication given.

Safe disposal

- i. Parents will be asked to collect out-of-date medication.
- ii. If parents do not pick up out-of-date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- iii. A named member of staff is responsible for checking the dates of medication and will arrange for the disposal of any that have expired.
- iv. Sharps boxes are used for the disposal of needles. Parents obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Arrangements should be made for their safe disposal.
- v. If a sharps box is needed on an off-site or residential visit a named member of staff is responsible for its safe storage and should return it to school or the child/young person's parent.

7. Supporting Medical Conditions in school policy is regularly reviewed, evaluated, consulted with stakeholders and updated

- i. The policy is reviewed evaluated and updated annually in line with the school's policy review timeline and receives a full consultation with stakeholders.
- ii. Any new government guidance is actively sought and fed into the review, guidance will be provided by Local Authority Offices.
- iii. When evaluating the policy, the school seeks feedback and further consultation on the effectiveness and acceptability of the medical conditions policy with a wide-range of key stakeholders within the school, health settings and with parents and children/young people.
- iv. The views of children/young people with various medical conditions are actively sought and considered central to the evaluation process.

- v. Parents, school staff, governors, relevant local health staff and any other external stakeholders are informed and regularly reminded about the policy and how they impact on its implementation and review.

8. Complaints Procedure

If parents or carers have concerns or are dissatisfied with the support provided they should directly contact the school and follow the complaint procedure which can be found on the school website:

<https://www.linacreprimary.co.uk/>

A paper copy can be provided on request via the school office.

Due to be reviewed September 2023