



Bolton-le-Sands
C.E. Primary School

Medical Conditions Policy

Adopted: Sep 2015

Updated: June 2016, September 2017, September 2019

INTRODUCTION

The staff and governors of Bolton-le-sands CE Primary School are committed to the mission statement and aims of the school, enabling and supporting everyone in learning, growth and community within the Christian context of a church school.

In pursuing a policy of inclusive education within a safe and secure school we aim to ensure all children with medical conditions, in terms of both physical and mental health are appropriately supported so that they can play a full and active role in school life, remain healthy and achieve their learning potential.

This policy is drawn up in consultation with governors, school staff, parents and local health care professionals to comply with D of E statutory guidance (April 2014) in relation to Section 100 Children and Families Act 2014. As a school we recognise that both a clear policy and active co-operation between all those involved, help to ensure children with medical needs receive proper care and support in school.

Staff member responsible for policy implementation:

Governor responsible - Mrs Margaret Foster

First Aid Coordinator with overall responsibility - Mrs Sue Livesey

SEN Co – Mr Alex Kelly

Learning Mentor - Mrs Rebekah Rose

School Nurse - Mrs Liz Atkinson

ROLES AND RESPONSIBILITIES

Parents

Parents or guardians have prime responsibility for their child's health and are asked to provide the school with up to date information about their child's medical conditions, treatment or special care needed when a child enters school and at any time a specific concern or need arises. At the beginning of each school year they will be formally asked to update information to ensure accurate record keeping. (See Appendix 1a & 1b)

If their child has a more complex medical condition, they are key partners in working with the school nurse or other health professionals to develop, provide information for, and review an individual healthcare plan, which will create an agreement on the role of the school in managing any medical needs and emergencies. Parents are required to carry out any action they have agreed to as part of this implementation particularly in relation to providing medication and ensuring they or another nominated adult are contactable at all times.

Parents are informed by telephone or in person, if their child has been unwell in school. Notes are usually issued related to First Aid e.g. 'bump notes' for head injuries (See Appendix 2). Parents are immediately contacted if more serious accidents occur. Notes are also issued to parents when a child on the Asthma Register has used an inhaler (See Appendix 3a).

Any complaints concerning the support provided for children with medical conditions should first be discussed directly with the school.

School Staff

Teachers have a general professional duty to safeguard health and safety and to act 'in loco parentis' as a prudent parent would. There is not a legal duty which requires school staff to administer medication. School staff are often willing to do this, but it is in a voluntary capacity that they respond to specific needs of pupils with medical conditions they teach.

Requests by parents to administer medication, not already formally agreed in a health and care plan, must be made in writing to the head teacher or class teacher in consultation with the head teacher. Prescribed and non-prescribed medication can only be administered by staff with this written consent (**See Appendix 4 - Consent Request Form for Prescribed Medication**). The head teacher accepts responsibility for school staff administering or supervising the taking of prescribed medication during the school day where it is absolutely necessary.

Staff will have access to information on pupils' medical conditions and actions to take in an emergency, in the school office, in the staff room and in each individual class.

Training and support is given to staff members who agree to administer medication to pupils, where specific training is needed. Staff should feel secure in their level of competency before they take responsibility for pupils with specific conditions. All staff are given training for more common medical conditions and kept informed, so that they know what to do when they become aware that a pupil with a medical condition needs help.

Governors

Governing bodies have a responsibility to ensure that individual healthcare plans help to ensure that the school effectively supports pupils with medical conditions. Governors work with staff to ensure that the policy, healthcare plans, recording of medication administered and training needs are regularly reviewed and implemented. The named governor and named staff member meet termly to consult and review the implementation of the policy. Governors are responsible for ensuring that the school insurance arrangements reflect the level of risk and cover staff providing support to pupils with medical conditions.

Pupils

Pupils are encouraged to provide information about how their medical conditions affects them. They are encouraged to be involved in discussions about their support needs and individual care plans.

When children feel unwell, they are always accompanied to the school office or staff room.

Children are reminded to tell a teacher immediately if they think help is needed.

Where children are, by agreement with parents and school, encouraged to self-manage their medication e.g. asthma inhalers, they must still inform a supervising staff member so that records of medication administration are fully maintained and parents informed.

The School Nurse

The school nurse is responsible for notifying the school when a child has been identified as having a condition which will require support in school. It is often based on information provided by other lead healthcare professionals. This notification is particularly important at times of transition e.g. when a child starts school or moves school. The school nurse often liaises and provides advice in relation to individual healthcare plans and training. There may be times when she will be asked to assess the level of competency of a staff member in administering medication procedures in order to implement a Healthcare Plan.

HEALTH CARE REGISTER AND INDIVIDUAL HEALTH CARE PLANS

This school keeps a centralised register of all medical information identified by parents. This is updated at the start of each school year and as school is informed by parents of changes. The Headteacher has responsibility for this register in school. He contacts parents where any further information, clarification or advice is required. Each class teacher holds information from this register related to their class as well as access to the centralised register. Any information related to food allergies is also shared with school catering staff.

Healthcare Plans, which can be initiated by health professionals or teachers in consultation with parents, are created to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medications and other treatments. The level of detail will be dependent on a child's needs but consideration will also be given to support, training and emergency and contingency arrangements and confidentiality issues which require a designated, entrusted person. A Healthcare Plan is particularly important where there is high risk of emergency intervention or conditions fluctuate and when needs are long term or complex e.g. diabetes, anaphylaxis, severe asthma, cystic fibrosis

A Healthcare Plan meeting will be held between healthcare professional, parent, child (where appropriate) and the named member of staff. The school, healthcare professional and parent should agree, based on evidence, when a Health Plan is appropriate or disproportionate. The head teacher has final discretion based on information provided.

The Health Care Plan is reviewed at least annually.

Parents are given a copy of the plan.

If a pupil has a short term medical condition that requires medication during school hours, parents should gain consent for administration from the head teacher in consultation with the class teacher. Medication dosage, administration requirements and any additional information should be detailed in writing by parents. (See Appendix 4). Parents who prefer to administer the dosage themselves e.g. at lunchtime are still at liberty to do so.

Parents of children with asthma are asked to complete an Asthma Card (Asthma UK) which is kept with the child's inhaler in the classroom and on which use is logged (See example at Appendix 3 Front & Back).

MENTAL HEALTH AND WELL-BEING.

This school is keen to support all children with social and emotional issues that affect their general well-being and emotional health and pose barriers to learning. This school offers nurture programmes and support to both parents and children. We work to equip children with greater confidence and self-esteem and help them to learn self-help and self-care strategies according to a specific need identified by home, school or health professional. The learning mentor, Mrs Rebecca Rose can be contacted via the school office at any time.

Medical conditions can, at times, impact on emotional health and well-being with issues such as longer term or more frequent absence or requiring specific support. In such cases support is arranged in consultation with parents and health care professionals within a Health Care Plan or, if the child also has Special Educational Needs, within their SEN provision or EHC Plan (Education, Health and Social Care Plan.)

Where medical needs may impact on exam arrangements, the school arranges a consultation with parents to agree a plan of action before deadlines for application for special arrangements.

STAFF TRAINING

This school reviews training at least annually and additionally where an individual need is identified or a need changes. In this case training needs are reviewed and assessed by the head teacher and /or school nurse in consultation with parents. The training of member(s) of staff providing support to a pupil with medical needs will be overseen and prioritised by the Headteacher and nominated Governor. The training is usually provided by the school nurse or another lead health professional. The parents and child are consulted and meet with the member of staff designated to support the child. The school values the knowledge and expertise parents can often provide.

Within the annual training review, preventative and emergency measures are reviewed. Staff training to support the administration of emergency medications such as Jext pens or insulin is provided as required by identified pupil need. The school keeps a dated record of staff who have undertaken the relevant training to administer such medications.

First Aid training is reviewed annually and updated every 3 years. All teaching assistant staff are currently paediatric qualified First Aid trainers.

ADMINISTRATION OF MEDICATION

Medication will only be administered at school when it would be detrimental to a child's health or school attendance not to.

No pupil will be given prescription or non-prescription drugs without parental written consent.

If a child's medication changes or is discontinued, or the dose or administration method changes it is the parents' responsibility to inform the school immediately.

All use of medication defined as a controlled drug, even if the pupil can administer the medication themselves, is done under the supervision of a member of staff.

If a pupil refuses their medication, staff will record this and inform parents as soon as possible.

When no longer required, medicines are returned to parents for safe disposal. Parents are ultimately responsible for checking expiry dates on their children's medicines and replacing as necessary. The lead First Aid coordinator will also check medication expiry dates twice a year as a precaution. Parents should collect medicines held at the end of each school year.

Sharps boxes should be provided by the GP for the safe disposal of needles when required and returned to a pharmacy for safe disposal.

Prescribed medicines

Where clinically possible, medicines should be prescribed and administered in dose frequencies which enable them to be taken outside school hours e.g. 'Three times a day' doses should be administered before school, after school and at night.

This school can only accept prescribed medicines that are named, in-date, labelled and provided in the original container as dispensed by the pharmacist. They must include instructions for administration, dosage and storage. (We accept that the exception to this may be insulin which must be in date but is generally available to school inside an insulin pen or pump rather than original container.)

Non- prescribed medicines

Non-prescribed medicines will only be administered with prior written permission in exceptional circumstances such as residential trips. Staff will check that medicine has previously been administered without adverse side effects.

Staff will never administer medicines containing aspirin unless prescribed by a doctor.

Staff will never administer medication containing Ibuprofen to children who are asthmatic.

Storage of medicines

Medicines must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and administration instructions.

Non-emergency prescribed medication is stored with the consent form in the head teacher's office in a lockable cupboard. Medication requiring refrigeration is stored in the designated school fridge. Staff ensure that medication is only accessible to those for whom it is prescribed.

Emergency medications such as asthma inhalers are always readily available within the class teacher's cupboard and are never locked away. The children know where their medication is stored. The medication should be kept in a

clearly labelled container. Children who are old enough and able to carry their own emergency medication will be reminded by staff to do so.

The school has emergency inhalers which are carried on out of school trips and to swimming lessons as well as kept in school in the head teacher's office as an extra precaution (See Appendix 3d).

Emergency procedures

Within risk management procedures, arrangements for dealing with emergencies are considered. This school is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits. Full health and safety risk assessments are carried out on all out-of-school activities before they are approved including residential visits, taking into account the children with medical conditions. Factors that are commonly considered are how pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

With children who have an Individual Healthcare Plan emergency triggers, contingencies and procedures are defined as explicitly as possible according to the needs of the individual child. Parental permission is sought to send a copy of the Healthcare Plan ahead to emergency health care services if the need arises.

Copies of the Healthcare Register and Individual Healthcare Plans are kept within each child's classroom.

All children with asthma are recorded on the school Asthma Register. Each child has an asthma card (Appendix 3c, which is taken from www.asthma.org.uk) on which the use of inhalers is recorded. Parents are informed by note or in person. Children are encouraged to self-medicate but must inform a supervising staff member. The school now has two emergency inhalers, for use on and off the school site. These are only used with the written permission of parents when a child does not, for any reason, have an inhaler in school (See Appendix 3d).

All staff are aware of how to call emergency services and to provide the school postcode for navigation systems.

If a child needs to go to hospital a member of staff will always accompany a child by ambulance until a parent arrives.

DAY TRIPS AND RESIDENTIAL TRIPS

This school actively encourages children with medical needs to participate in trips and visits. Staff are committed to facilitating adjustments to enable children with medical needs to participate fully and safely on visits. Additional staff/adults are always considered for this purpose.

On day trips the lead staff member will always ensure care plans and emergency medications are carried with them or by the children who self-medicate themselves. Accompanying staff will be aware of any medical needs and relevant emergency procedures as identified in risk assessments.

Prior to residential trips, parents attend a meeting and are asked to complete a current health and medication update giving consent to act 'in loco parentis'. With written consent, staff will administer prescribed medication. In relation to non-prescribed medication, staff and parents will negotiate arrangements with the headteacher.

Where a child has an Individual Healthcare Plan, an accompanying member of staff is usually assigned to take particular responsibility for the medical needs of that child.

All staff will be aware of any medical needs and relevant emergency procedures. A copy of health care plans will be taken to all activities, as well as emergency medication that may be required.

RECORD KEEPING

This school endeavours to keep written records of all medicines administered to the children in its care.

Children with asthma have individual asthma cards within the classroom (See Appendix 3a-d).

Children with an Individual Health Plan have medication administration and recording agreed within their plan according to need. This is recorded by the named member of staff involved.

Children who have received consent from the head teacher to have a prescribed drug or exceptionally, a non-prescribed drug administered for a short term period in school, have all doses given recorded and dated on the consent form by the member of staff concerned.