

Ribbleton Avenue Methodist Junior School



Supporting Pupils at School with Medical Needs Policy

RATIONALE

The governors and staff of Ribbleton Avenue Methodist Junior School are committed to ensuring that pupils with medical conditions receive proper care and support at school and play a full and active role in the life of the school. School is dedicated to ensuring that medical needs will not prevent any child from enjoying the same experiences and having the same opportunities, including school trips and physical education, as their peers. All pupils requiring medication at school should have access to the National Curriculum unless medical advice specifically precludes it, and no child with a medical condition should be prevented admission to the school on account of a medical need.

This policy is based upon:

Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England September 2014 and 'Over the counter' self-care medicines and products: Information for nurseries and schools.

This document has been issued under the following legislation: 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.

PURPOSE

The Policy aims:

- To ensure that children with medical needs receive proper, safe support and care in school, and are able to access all experiences and opportunities.
- To make clear the school policy and procedures on assisting children with long-term or complex medical needs so that absences can be kept to a minimum.
- To secure staff training in dealing with medical needs.
- To make clear procedures for managing prescription medicines which need to be taken during the school day including on school trips/outings.
- To clarify procedures on children carrying and taking their medicines themselves.
- To clarify the circumstances in which children may take non-prescription medicines.
- To clarify the need for prior written agreement from parents for any medicines to be given to a child.
- To ensure the safe storage of medicines.
- To provide a clear statement on parental responsibilities in respect of their child's medical needs.
- To set out guidelines to keep parents fully informed and involved so that they feel confident in school's ability to manage their child's medical needs.
- To secure a thorough and clear system of record keeping.
- To promote strong links with relevant health and social care professionals in meeting the needs of children.

Roles:

Medical needs coordinator:

School will ensure that there is a Lead Person who is responsible for overseeing the policy; reviewing the policy; communicating the policy to staff; and for staff training. The Lead Person will ensure that the policy and procedures are reviewed on an annual basis and that all staff are informed of policy and procedures.

The Lead Person is: Mandy Gaitens.

The Lead Person will take responsibility of making other staff aware of children's medical conditions, and ensuring that sufficient staff are trained. This will include securing the development of individual healthcare plans where appropriate.

Staff in school:

Whilst all staff have a duty to take reasonable care for the health and safety of children, there is no legal or contractual duty on staff to administer medicine or supervise a child or young person taking it. Any member of staff may be asked to provide support to pupils with medical needs although they cannot be required to do so. It is recognised that the participation of any teacher in the administration of medication is of a voluntary nature. Of course, swift action needs to be taken by any member of staff to assist any child or young person in an emergency. The procedures for any administration will be agreed with the Lead Person and Head teacher. The Lead Person will ensure that relevant staff are aware of a child's medical needs, and familiarise them with any health care plans, EHC plans or specific medical needs.

Governors:

There will be a named governor who will oversee the policy, ensuring that roles and responsibilities are clearly identified and being met and that the policy is adhered to and reviewed on an annual basis. Governors must make arrangements to support pupils with medical conditions in school making sure that there is a policy. Governing bodies should ensure that relevant staff will receive suitable training.

The named governor is: Mrs M Dilworth

School nurses:

The school nurse is responsible for notifying the school when there is a child who has been identified as having a medical condition which will require support in school. Wherever possible they should do this before the child starts at the school. The school nurse may support the school in implementing an individual healthcare plan, and provide advice on training.

Our school nurse can be contacted on 0300 247 0040.

Other healthcare professionals including GPs and paediatricians:

Other healthcare professionals should notify the school nurse when a child has been identified as having a medical condition which requires support in school. They may also provide advice on developing healthcare plans. The relevant healthcare professional should normally lead on identifying and agreeing with school the type and level of training required.

Pupils:

Pupils with medical conditions need to be involved as much as possible in discussions about their medical needs and to be aware of the details of healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant equipment or should be able to access their medicines for self-medication quickly and easily; if required, appropriate supervision will be provided. If children are competent in taking responsibility for their medical needs and procedures, this should be identified within the healthcare plan. Wherever possible, pupils should be encouraged to self-administer medication under the supervision of an authorised member of staff.

Parents:

Parents are responsible for supplying school with adequate information regarding a child's medical condition and medication. Information must be in written form and be current and up to date. They should be fully involved in the development and review of their child's healthcare plans and may be involved in the drafting process. We will invite parents who have children with a healthcare plan into school on an annual basis in September (or mid-year if a child begins school mid-year) to confirm and add details to the information on the healthcare plan. Parents are responsible for ensuring that school has any relevant medication or other equipment relevant to the needs of their child and for ensuring that medication is within the expiry date.

Local authorities:

Local authorities are commissioners of school nurses and have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that effective healthcare plans can be delivered.

Training for staff:

The Lead Person, Mandy Gaitens, will be responsible for ensuring that training is up to date and relevant to the needs of children in school. Training needs will be identified in accordance with a child's medical condition or needs, and will be relevant to the development or review of healthcare plans. Where appropriate a relevant healthcare professional may be called upon to lead training. Staff must not undertake medical procedures without appropriate training (as reflected in the individual healthcare plans).

Advice may be sought from the parent/carer of a child but this should be specific advice and the parent/carer should not be considered to be the sole trainer. School staff should receive sufficient and suitable training before taking on responsibility to support children with a medical need. The relevant health care professional should normally lead on identifying training needs and how this can be achieved. Training should ensure that staff are competent and have confidence to support pupils with medical conditions as set out in health care plans. Supporting a child should never be sole responsibility of one person and school is committed to ensuring that all relevant staff be made aware of children's conditions.

In case of staff changes, staff absence or employment of supply teachers there are systems in place to ensure that relevant information is passed on to maintain safe and appropriate care. Each class has a staff handbook which has a 'Medical Information' section and new staff /supply teachers will be directed to read this.

This policy will be made available to all staff through staff training and will be reviewed on an annual basis – each time this is done all staff will be reminded of the policy made aware of any changes to the policy and procedures.

Any training given to any member of staff will be recorded.

ADMINISTRATION OF MEDICATION

Definition of medicine : This policy covers prescribed medicines and in exceptional cases medicines on general sale.

It is unlawful for school employees to administer medicine by injection except for the purpose of saving life in an emergency. Any medication must be within the expiry date.

'As required' prescribed medication:

This includes medication which has been prescribed by a medical professional and is used when required, e.g. inhalers, equipment for diabetes. The child should have access to their own medication/equipment. It should be made clear to the child that they need to make it known to an adult each time they take the medication/use equipment so that the usage can be monitored. If there is an increase in the use of the medication/equipment, the class teacher will inform parents.

Safe disposal of used equipment/medication:

Empty/used containers should be returned to parents to be safely disposed of. In the case of medical equipment such as needles, a sharp's box should be used and kept in a secure, locked cupboard, and returned to the parents to dispose of safely once full.

Administration of prescribed -medication for short term illness:

If a child has a short term illness for which medication has been prescribed by a medical professional, the parents should endeavour to administer the medication outside school hours wherever possible. However in order to promote good attendance and to discourage parents from keeping children away from school unless it is absolutely necessary, we recognise that on some occasions pupils will need to take medication (or be given it) at school. This will usually be for a short period only e.g. to finish a course of antibiotics. Allowing this to be done in school will minimise the amount of time pupils need to be absent. Medication should only be taken to school when prescribed and absolutely essential. The following procedures must be followed without exception:

- Parents/Carers must, without exception, complete the 'Parental agreement for school to administer prescribed medicine'. This gives details of when, how and how much medicine should be administered.
- The medication must have a prescription label on the box/bottle.
- The box/bottle must have clear details of the person to whom it has been prescribed (this must in all cases be the child who is to be given the medication).
- There must be clear instructions to explain the dosage.
- Medicines must be delivered to the school by the parents/carers or escorts employed by LCC. If a pupil brings in medication it will not be accepted for administration and will be held until the correct procedures have been followed.
- Medicines must be collected from the school by the parents/carers or escorts employed by LCC.
- Only reasonable quantities of medication will be accepted eg maximum of four weeks supply at any one time.
- Medicines should be stored in places to which children are not permitted access. This will be either in the main school office in the designated lockable cupboard, or if it is necessary to store medicine in a fridge this will be in the fridge in the office inside a labelled container.
- Only named staff should have access to this medication.
The named people are:
Fran Nickson (Head teacher)
Roxy Musa (Deputy head teacher)
Mandy Gaitens (Lead person for medical needs)
Andrea Tattersall (Office staff)
Amy O'Mahoney (Office Staff)
- The medication must be handed over from a parent/carer to a member of staff, and at the end of the day from a member of staff back to an adult. The medication must not be given to a child to pass on to parent/carer.
- School will never accept medicines which have been taken out of the container or where changes to the dosage have been made.
- Each time a child is given a dosage of medication the record form must be completed and signed by an adult.

Administration of non- prescribed medicines:

As a general rule only prescribed medication should be administered in school, and only if it is unavoidable because the dosage cannot be met out of school hours. The procedures should be followed as with prescribed medications and Parents/Carers must, without exception, complete the 'Parental agreement for school to administer prescribed medicine'. This gives details of when, how and how much medicine should be administered. Very rarely there may be occasions when children need to take non-prescribed medication for comfort rather than to cure an illness. No child should ever be given Aspirin unless prescribed by a doctor.

Examples of when non-prescription medication might be required and the appropriate course of action are listed below:

- If a child has tooth ache, they may need to take a pain relief – this should be administered by the parent/carer or an adult who the parent carer has authorised and has made known to school. The child will be taken to the adult in order that they can administer the medication- wherever possible this should be during playtime/lunchtime to avoid missing lesson time.
- On a residential school trip, a child who suffers from hay fever may need to take medication. Wherever possible this should be prescribed by a doctor; however in the absence of a prescription, the parents should complete a medical form prior to departure.

Refusing Medication:

If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services. This should be recorded in writing.

School's responsibility to children with long term/significant health issues:

In the case of a long term medical need which may lead to absences from school, school will make every effort to liaise with parents or with hospital teachers, and to do everything to ensure that children do not fall behind or miss opportunities. School will keep close contact with parents and the child in order to support them in their reintegration.

A child with significant health needs may have an EHCP (Education Health Care Plan), and in these circumstances procedures will be followed to ensure that quality support is provided in accordance with SEN policy and the school's local offer.

Some medical conditions require additional support in school and may affect quality of life or be life-threatening. School will ensure that the focus is on the needs of the child and how this impacts on their school life. All measures will be taken to ensure that parents and pupils are confident in school's ability to provide effective support and show an understanding of how medical conditions impact upon a child's ability to learn. A caring and thoughtful approach will aim to increase a child's self-image, confidence and self-care. Staff will be appropriately trained to provide the support needed.

Ensuring that children with allergies are safe in school:

It is parent/carers' responsibility to inform school of any allergies known to them. The form which parents are required to complete when their child is initially enrolled at the school (and which is sent out to be updated by parents every September), specifically requests information about allergies. Once school is aware of a child's allergies, the child needs to be made known to all staff in school and information will be displayed on the staffroom notice board. This will include a photograph of the child to enable them to be identified and details of their allergy. All staff in school should be aware of these children.

Record of all medical needs:

It is essential that school holds detailed information about the medical needs of all children in order that they are safe and well supported in school. School therefore needs to have as much information as possible about a child's medical needs prior to them starting school or as soon as a child develops a condition or allergy. School has a register of medical needs which includes long term conditions such as asthma and diabetes; it also has details of allergies. Parents are required to give school as much information as is necessary regarding their child's medical needs, and in the first instance this is done on the Pupil Data Collection form when a child enrolls. Should a child develop a medical need at a later time, parents are responsible for letting school know about this.

School Trips/Educational visits:

At Ribbleton Avenue Methodist Junior School we encourage pupils with medical needs to participate in all activities and schools trips, wherever safety permits. All school trips are planned with detailed risk assessments which are monitored by the EVC leader. Teachers are required to identify children with medical needs. The school will make every effort to continue the administration of medication to a pupil whilst on off-site activities even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on an off-site activity if appropriate supervision cannot be guaranteed. Sometimes the school may need to take additional safety measures for outside visits. Arrangements for taking any necessary medication will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. Sometimes an additional supervisor might accompany a particular pupil. If a member of staff is concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a trip, they should seek advice from the Lead Person. The school will make every effort to continue the administration of medication to a pupil whilst on visits away from the school premises, including sporting activities, even if additional arrangements may be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed. The class teacher, in conjunction with the Headteacher/Deputy Head must consider any medical needs for any children who are due to attend an off-site activity or visit and ensure that the appropriate provision is in place. This must be noted on the visit Risk Assessment (Form 5)

Sporting Activities:

Most pupils with medical conditions can participate in extra-curricular sport or in the PE Curriculum; which is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a pupil's ability to participate in PE should be included in their individual health care plan. Some pupils may need to take precautionary measures before or during exercise, and/or need to be allowed immediate access to their medication if necessary. Teachers supervising sporting activities should be aware of relevant medical conditions and emergency procedures.

Supporting Children Who Cannot Attend School

Some children who have long term health needs may not be able to attend school for a period of time. If this absence is likely to be lengthy, school will liaise with parents, health teams and hospitals, if appropriate, to provide work which will be linked to ongoing lessons in school. This work will be adapted where necessary. The amount of work sent will be given careful consideration so that it does not compromise the recovery or mental health well-being of the pupil.

What is an Individual Healthcare Plan (IHP)?

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They 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, based on evidence, when a healthcare plan would be appropriate. If consensus cannot be reached, the headteacher is best placed to take a final view.

The school will consider:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Asthma

The school recognises that asthma is a common controllable condition which can be serious, affecting many pupils in school. Therefore, asthma awareness should involve all members of the school community.

At the beginning of each school year or when a pupil joins the school, parents/carers are asked to record any of their child's medical conditions, including asthma, via an Admissions Form or a Pupil Data Collection sheet. This information will then be recorded on the SIMS system.

Parents/carers are asked to ensure that their child has their own inhaler in school. All inhalers must be labelled with the pupil's name and prescribed dose. Pupils and parents/carers must ensure that inhalers are in date and are not empty. All inhalers should be kept in the classroom medical box. A list of pupils with medical conditions will be circulated to class teachers at the start of each term by the office. The class teacher should ensure that all asthmatic children have an inhaler in the classroom box and should speak to parents if this is not the case. The medical box should be taken on any trips or any off-site activities (e.g. music lessons, PE and swimming) where the child(ren) is attending.

School staff will support children who may need assistance administering their inhaler with use of the spacer. A record book will be completed indicating when a child has needed their inhaler indicating the time and dosage.

Treatment of asthma consists of two main forms:

Reliever inhalers (usually blue) and preventer inhalers (usually brown). Pupils should have access to their relief inhalers (usually blue) at all times. These should be kept in the classroom medical box. A reliever inhaler (usually blue) should be taken:

- If pupil recognises their own asthma symptoms
 - As prescribed before exercise
 - If the pupil is coughing, wheezing or breathless.
- If this is effective, then the pupil can return to normal classroom activity.

HOW TO RECOGNISE AN ASTHMA ATTACK

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all the accessory muscles in the upper body)
- Nasal flaring

- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted.
- Has a blue/white tinge around lips.
- Is going blue.
- Has collapsed.

WHAT TO DO IN THE CASE OF AN ASTHMA ATTACK

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available then use the emergency inhaler. There will always be an emergency inhaler kept in the school office.
- Remain with the child while the inhaler and spacer are brought to them.
- Immediately help the child to take two separate puffs of salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, 30 seconds apart. Up to a maximum of 10 puffs can be administered but if you are reaching 6 puffs with no improvement, call an ambulance.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 for an ambulance

If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

Inform the paramedic how much inhaler has been used.

Epilepsy

Ribbleton Avenue Methodist Junior School recognises that epilepsy is a condition affecting many children and young people and welcomes all children with epilepsy. We believe that every child with epilepsy has a right to participate fully in the curriculum and life of the school, including out of school activities and residential trips. All relevant staff receive training about epilepsy and administering emergency medicines.

Record Keeping

When a child first starts school at Ribbleton Avenue Methodist Junior School, we will gather information about that child, and record any additional medical information staff need to be aware of, such as epilepsy. This information is kept in a central record which identifies children with additional medical needs. When a current child is diagnosed with epilepsy, information will be gathered from their family in consultation with the Community Paediatrician or School Nurse.

Individual Healthcare Plans

All children with epilepsy should have an individual Healthcare Plan which is drawn up in consultation with families and the school Nurse. This plan contains contact numbers, details of the type of seizures, warning signs, medication taken at home, medication to be given at school in the event of a seizure, and aftercare. Copies of the Healthcare Plan must be available in child folders and taken whenever the child leaves the school premises.

If a child requires emergency medicine, consent from families will be obtained and medicine will be stored in line with the school's Administration of Medicines Policy. This medication should always be taken whenever the child is off the school premises e.g. on community outings, swimming etc. Healthcare Plans are updated if there is any change in the type of seizures/medication.

Recording Seizures

If a child has a seizure in school a record is made and kept with the child's Health Care Plan. This information is available to families and professionals as a means of monitoring the type and frequency of seizures or identifying possible patterns. Families are also informed if a child has had a seizure during the school day.

Staff Training and First Aid

Information and training is provided by the school Nurse where appropriate. If a child requires emergency medication, relevant members of staff will be trained in the correct procedures. All staff are made aware of children with epilepsy, the types of seizure experienced, warning signs to watch for and procedures to follow in the event of a seizure. All staff have received training in seizures through their first aid certificate. All staff have been made aware of the basic procedures for dealing with seizures.

Out of School Activities

When children take part in activities out of school, each group carries a copy of their risk assessment, a copy of which is retained in school. Additional medical needs, including epilepsy, are highlighted on this risk assessment so that in the event of an emergency, responders are aware of the needs of all children. A copy of the Healthcare Plan and emergency medication are carried at all times when children with epilepsy are out of school.

Swimming

Children with epilepsy are able to take part in all school activities, including swimming. The following guidelines are in place to ensure the safety of children in the event of a seizure occurring in the pool:

There will be close supervision of children with epilepsy in the pool at all times. Poolside observers and swimming instructors will be made aware of those children with epilepsy.

Staff with Epilepsy

When the school has been made aware that a member of staff has epilepsy as a medical condition, a separate risk assessment will be implemented and shared with appropriate team members. If they have epilepsy rescue medication, then the school must be made aware of where this is kept during school hours.

Emergency procedures:

Should an accident occur or should a child become seriously ill whilst at school, appropriate emergency procedures will be followed in line with the Emergency preparedness plan. In some cases school may be asked by medical authorities to grant permission for emergency medical treatment. Before doing so we will do our best to contact parents immediately and ask for consent and request that they come into school. However, if we are unable to make contact, we may need to give authority ourselves. Parents are all asked to sign a consent form at the beginning of each academic year, or mid-year if a child enrolls at any time other than September, to give consent to authorise treatment in such cases.

Complaints:

Should parents/carers be dissatisfied with the school's policy, procedures or care of an individual, they should initially contact the Lead Person. If the issue is still not resolved, they may make a formal complaint via the school's complaint procedure.

Date of Last Review: September 2023

Date of Next Review: September 2024