



Rangeworthy
Church of England Primary School
"LET YOUR LIGHT SHINE"



Rangeworthy Primary School

Medical Needs Policy

Date policy last reviewed:	March 2021
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Signed (Co-Chair)	Name: H. Fussell	Date:	March 2023
	Name: M Bath		
Signed (Head)	Name: S. Warnock	Date:	March 2023
Ratified:	Next Review: March 2024		

1 – STATEMENT

The school will properly support pupils at school with medical conditions so that they have full access to education, including school trips and physical education. The school will also put in place procedures to deal with emergency medical needs.

This Policy will be regularly reviewed and updated by the Health and Safety sub-committee on an annual basis. The overall responsibility for the effective implementation of this policy is held by Sue Warnock (Headteacher).

The school will work together with local authorities, health professionals and other support services to ensure that children with medical needs receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration will be given to how children will be reintegrated back into school after periods of absence. Further details are also provided in our 'Children with Additional Health Needs' Policy

No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a child at school at times where it would be detrimental to the health of that child or to others.

2 - PROCEDURES

The following procedures are to be followed when notification is received that a pupil has a medical condition.

2.1 A parent or a health care professional informs the school that:

- a child has been newly diagnosed, or;
- is due to attend a new school, or;
- is due to return to school after a long-term absence or
- has medical needs that have changed.

2.2 Parents/Carers are also responsible for informing the school about any major injuries occurring outside of the establishment, for example, if they return with a plaster cast. This is so that the school can prepare for any additional needs this pupil may then have through an Individual Healthcare Plan (IHCP). A risk assessment will also be completed by the school. Externally occurring injuries also need reporting to the Designated member of staff for Safeguarding immediately.

2.3 The Headteacher or member of school staff to whom this has been delegated co-ordinates a meeting to discuss the child's medical support needs, and identifies the member of school staff who will provide support to the pupil.

2.4 A meeting will be held to discuss and agree on the need for an Individual Healthcare Plan (IHCP). The meeting will include key school staff, child, parent, relevant healthcare professional and other medical/healthcare clinician as appropriate (or to consider written evidence provided by them).

2.5 An IHCP will be developed in partnership, and the meeting will determine who will take the lead on writing it. Input from a healthcare professional must be provided.

2.6 School staff training needs will be identified.

2.7 Healthcare professional commissions or delivers appropriate training and staff are signed off as competent. A review date for the training will be agreed.

2.8 The IHCP will then be implemented and circulated to all relevant staff.

2.9 The IHCP will be reviewed annually or when the medical condition changes. The parent or healthcare professional will initiate the review.

2.10 For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

3 – INDIVIDUAL HEALTHCARE PLANS

3.1 Not all pupils with medical needs will require an IHCP. The school together with the healthcare professional and parent will agree, based on evidence, whether a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher will take the final view.

3.2 The format of the IHCP will depend on the child's condition and the degree of support needed. Where a child has SEN but does not have a EHC plan, their special educational needs will be mentioned in their healthcare plan.

3.3 The following will be considered when deciding what information will be recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's needs including medication and other treatments;
- The pupil's mental health and wellbeing;
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed (some children will be able to take responsibility for their own health needs);
- Who will provide this support, their training needs, expectation of their role and confirmation of proficiency, and cover arrangements for when absent;
- Who in school needs to be aware of the child's condition and required support;
 - 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.
- If the pupil requires any medication in school, the location of the medical storage will be recorded on the child's IHCP. Consideration will be given to the most effective location of the storage.

4 – ROLES AND RESPONSIBILITIES

4.1 Governing body

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

4.2 Headteachers

- Ensure that their school's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know (including first aiders) are aware of the child's condition.
- Ensure sufficient number of trained staff are available to implement and deliver all required IHCPs.
- Have overall responsibility for the development of IHCPs, including contingency and emergency arrangements.

- Ensure that school staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensure the school nurse is aware of children with significant medical conditions.

4.3 School staff

- Any member of school staff 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 suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.4 School nurses, healthcare professionals (GPs etc)

- Support staff to implement IHCPs, providing advice and training.
- Liaise with lead clinicians locally on support for child and associated staff training needs.

4.5 Pupils

- Full involvement in discussions about their medical support needs.
- Contribute to the development of, and comply with, IHCP.

4.6 Parents

- Provide the school with sufficient and up to date information about their child's medical needs.
- Contribute to the development of the IHCP.
- Carry out any action they have agreed to as part of the IHCP implementation.

4.7 Local Authority

- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Where a pupil would not receive a suitable education in a mainstream school because of their health needs, to make other arrangements.

5. STAFF TRAINING AND SUPPORT

5.1 Any member of school staff providing support to a pupil with medical needs will receive suitable training.

5.2 The relevant healthcare professional will normally lead on identifying the type and level of training required. The training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

5.3 School staff will not give prescription medicines or undertake healthcare procedures without appropriate training. If there are no trained staff available to administer medicines, parents will be contacted to give their child medication.

5.4 All school staff will be made aware of the school's policy for supporting pupils with medical conditions, and their role in implementing that policy.

6. CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

6.1 All medication should be brought into the school office and administered by a trained member of school staff. However, we recognise the importance of encouraging pupils to be involved in managing their medical needs and we will support an increasingly independent approach to older pupils. Where staff feel it is appropriate, a pupil in years 5 & 6 may be provided with the opportunity to administer their own medication under staff supervision. In the event that a child is deemed competent by school staff their parent or any relevant healthcare professionals to manage their own healthcare needs and medicines this should be reflected in their IHCP.

7. MANAGING MEDICINES ON SCHOOL PREMISES

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

7.2 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent. There will be very few circumstances where schools will consider that non prescribed medication will be acceptable in their premises. This should be considered only in exceptional circumstances which are agreed with parents.

7.3 No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

7.4 Wherever possible prescribed medicines should be taken outside school hours.

7.5 The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist (except insulin which may be in a pen or pump) and include instructions for administration, dosage and storage.

7.6 All medicines will be safely stored in a locked cabinet in the Resources Room. The office administrator and Headteacher hold the key for this cabinet. Case by case arrangements will need to identify the safest and most appropriate way to store these. Inhalors will be kept either in the office cupboard or in a safe but accessible place in the classroom.

7.7 Pupils should know where their own medication is stored and who can access it.

7.8 Parents, carers will be required to provide the medication to the school office and complete an 'Administration of Medicines' form.

7.9 The school will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom.

7.10 This information will also be recorded on a record of medicines administered slip and taken home by the pupil.

7.11 The member of staff who is responsible for administering the medication should comply with the instructions provided and ensure that the correct dose is given via the correct method. Expiry dates should be checked.

7.12 In the event that medication does not provide relief from the prevailing symptom(s) or if there are other concerns following the administration of the medication, parents/carers must be informed immediately. If required, advice should be sought from an appropriate medical practitioner.

7.13 When no longer required, medicines will be returned to parents to arrange for safe disposal. It is the responsibility of the parents / carers to ensure that required medicines are in date and available.

7.14 When medicines reach expiry date, the parent/carer should be informed and the medicine returned to them. The parent/carer will be expected to provide a new container of medication, unless medical needs have changed.

7.15 Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parent/carers on prescription from the child's healthcare practitioner. A waste contractor must collect and dispose of the boxes.

7.16 All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves, aprons and masks as necessary, (some carry them at all times in a pouch) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. If PPE is required for the administration of a medication, all the necessary PPE should be alongside e.g. gloves to encourage use.

8. EMERGENCY PROCEDURES

8.1 Each IHCP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

8.2 If a child is taken to hospital, a member of school staff will stay with the child until the parent arrives.

9. USE OF EMERGENCY SALBUTAMOL INHALERS

9.1 From October 2014 schools have been allowed to keep a salbutamol inhaler for use in emergencies. The school have discussed this issue and the current decision is that a salbutamol inhaler will **not** be held in school although this decision will be reviewed on an annual basis.

10. DEFIBRILLATOR PROVISION

10.1 A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. This school does **not** have a defibrillator however, there is one located at the Rose & Crown pub, which is a short distance from the school.

11. DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

11.1 Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities.

11.2 The school will consider what reasonable adjustments may be required to enable children with medical needs to participate fully and safely on trips and visits. This will be considered as part of the activity risk assessment to take account of any steps needed to ensure that pupils with medical conditions are included.

11.3 HCPs should recognise any medical conditions that are more likely to occur when pupils are being transported or visiting unfamiliar locations. This should be considered in the Risk Assessment and when determining which members of staff will accompany the trip.

11.4 There must always be an individual present who is trained in paediatric first aid if under 5s are attending the trip.

11.5 A pupil who has been prescribed medication, an inhaler or an adrenaline pen will not be permitted to attend a trip or residential if they do not provide the relevant medication and any associated equipment to the member of staff responsible for the trip.

12. UNACCEPTABLE PRACTICE

12.1 The following is regarded by the school as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child, parents or medical professionals;
- Sending children with medical conditions home frequently, or preventing them from staying for normal school activities;
- Penalising children for their attendance record if their absences are related to their medical condition;
- Preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents to routinely attend school to administer medication or provide medical support to their child including toileting issues; and
- Preventing children from participating, or creating unnecessary barriers to children participating, in any aspect of school life, including school trips.

13. Notification and Isolation Periods

13.1 Notification will be required in some circumstances as follows:

- Health and Safety Executive as required under RIDDOR going through Bill Crocker at Delegated Services if an agreement for service is in place.
- OFSTED if it is a serious incident and there are safeguarding issues.
- The LA if it is a serious incident and there are safeguarding issues.
- If there is a serious disease, the appropriate GP or Public Health England at <https://www.gov.uk/phe> or through Bill Crocker at Delegated Services if an agreement for service is in place.

13.2 All notification should be made by the Headteacher.

In some cases, isolation periods are recommended by UK Health Security Agency. Guidance will be displayed in the office to highlight the isolation periods that should be followed.

14. APPROVAL AND REVIEW

14.1 This Policy will be reviewed by the health and safety sub-committee annually.