



# **Supporting Pupils with Medical Needs**

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Approved by: Full Governing Board 3.7.19

## **Policy statement**

As a school we recognise that there are times when children with specific medical needs or conditions may need to take medication during the school day. We believe children should be properly supported so that they will have full access to education, including school trips and physical education. Through working with health and social care experts we will ensure that the individual needs of children with medical conditions are properly understood and are effectively supported.

We are prepared to take responsibility for these occasions within the guidelines laid down in this policy and in accordance with the DFE guidance *'Supporting pupils at school with medical conditions' December 2015.*

### **Children with Special Medical Needs**

Should we be asked to admit a child to school with special medical needs we will, in partnership with the parents and our medical advisors, discuss individual needs. We will then set up a protocol to be followed.

The School Nursing Team may help the school draw up Individual Health Care Plans for pupils with medical needs, and may be able to supplement information already provided by parents and the child's GP. We will endeavour to deal with each child's needs sensitively and with a degree of confidentiality where required. These plans will be reviewed annually and training needs for staff will be identified.

### **On Admission to School**

All parents will be asked to complete an admission form giving full details of medical conditions, regular medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements etc.

### **Staff Training**

A number of teachers and teaching assistants are qualified in first aid and have attended the 3 day 'First Aid at Work' training provided by Schools Safety Services (approved providers by Birmingham LA). This training is refreshed every three year with a two day course. The DHT in charge of first aid is responsible for booking these courses in advance of certificates expiring.

A first aid rota is drawn up at the start of each school year and is altered with the needs of staffing. Cover arrangements are made if a first aider is not in school and they must arrange their own cover if they know they are not in school in advance.

Training for specific needs will also be updated regularly and we will ensure sufficient staff are trained to deal with a child's needs to cover staff absence and school visits. Staff must voluntarily agree to take on responsibility to support a child with medical needs and they must have the necessary level of competency before they do so.

## **Administration and Storage of Medicine in School**

There is no legal or contractual requirement for teachers or other staff to administer medication. Administration of medicines is always best undertaken by parents/carers of the child and, where possible, should be administered outside the school day. However, no parent should feel obliged to attend school to administer medicine or provide medical support for their child.

Parents or carers of children with short term illness are informed that if their child requires prescribed medicine during the school day they should come to school and complete a 'Request for Administration of Medicine' form. Medicine will then be administered by designated staff.

Children should not keep any form of medication (other than blue inhalers or blood glucose testing meters) with them. Medicines should be handed in to the office and kept in the office cupboard or in the staffroom refrigerator, along with a completed consent form with full instructions from the parents.

A spare blue inhaler is kept in the school office for emergency use ONLY.

Allergy medication (including Epi pens) are kept in the unlocked staffroom cupboard along with the red alert card for that child. Expiry dates of these are regularly checked. These are accessible to any member of staff at any time of day.

Full and complete guidance for the administration of medicine both in and out of school is contained in **Appendix 1**

## **Illness During the Day**

When children fall ill at school, parents/carers should be informed and children taken home as soon as possible. It is important that parents/carers update the School Office with changes of telephone numbers and points of contact.

## **School Responsibility**

When a child becomes seriously unwell or injured, an ambulance should be called immediately and parents/carers informed. A child taken to hospital by ambulance should be accompanied by a member of staff who should remain there until the parent/carer arrives.

Teachers/ancillary staff should only take a child to hospital if no other action is feasible. A member of staff using their own car should be accompanied by another adult and have public liability vehicle insurance.

In the case of an injury at school, the accident book must be completed and, if appropriate, an accident form sent to the CYPF Safety Services in accordance with Health and Safety at Work Act - copies of these are kept in the office.

A child should not be penalised for absences which are related to their medical condition. In addition, any decision to send a child home must be made by the Headteacher or the Deputies.

For head injuries, a letter should be given to the child for the parent advising them of the incident, a courtesy call should be made to parents and that the child should be monitored throughout the day.

If a first aider is concerned about the wellbeing of a child or feels that monitoring is needed, they should either phone to advise parents or send a first aid slip home with the child. They should also inform class teacher to monitor any changes on return to class.

Cuts, grazes and minor injuries are treated in accordance with current medical guidelines and parents need not be informed unless the first aider has any concerns. No child who feels unwell should be sent to a first aider unaccompanied.

No child should be prevented from drinking, eating or taking toilet breaks or other breaks whenever they need to in order to manage their medical condition effectively.

All members of staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Children are also reminded of good hygiene practice regularly by staff. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

At break times, an ancillary member of staff is on duty in the First Area and available during lessons times should they be required.

### **Insurance Arrangements**

We are insured by Marsh Insurance Brokers who cover staff providing support to pupils with medical conditions. Insurance documents are held with the school bursar and are accessible to staff providing such support on request.

### **Chronic Medical Conditions**

All children with diabetes, epilepsy, acute allergy syndrome or other chronic medical condition should be made known to all personnel in the school. An Individual Healthcare Plan will be drawn up with the condition, a photograph of the child and his/her special requirements, triggers, signs or symptoms, treatment (including dosage, side effects and storage), environmental issues and emergency contact numbers. These will be displayed in the First Aid area, year group classrooms for teachers and supply staff, and at Earlybirds if appropriate. PPA staff will also hold records of medical needs of all children in school. Specific training will be arranged and updated with the needs of the children. Individual Healthcare Plans will be updated annually or sooner if needs change.

A register of children with asthma will be held by all staff and asthma cards will be sent to be completed by parents each year to update the needs of their child. These will be held on file by the DHT in charge of medical needs as well as a copy with the class teacher.

## **Temporary Medical Conditions**

Children who are diagnosed with temporary medical needs do not need an Individual Healthcare Plan. However, they do require parents to complete medication forms at the office if prescribed medicine or child paracetamol is required. In addition, a meeting with a lead first aider and the class teacher may be required to discuss the individual needs, e.g. playtimes, P.E, toileting, etc.

## **Sport/PE**

Most pupils with medical conditions should be able to participate in the sport or PE curriculum and are encouraged to do so in ways appropriate to their disabilities.

Some children 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.

Where necessary, those children with specific needs will have the support of an integration assistant in physical education.

Children requiring inhalers should take them with them to all PE or games lessons.

## **School Trips**

We actively support pupils with medical conditions to participate in school trips and visits. However, teachers should be aware of how a child's medical condition will impact on their participation. Advice should be sought from parents, medical practitioners and the place school is visiting to ensure needs are best met.

Arrangements for taking necessary medication should be made for all school visits. Staff should be aware of medical needs and relevant emergency procedures and build these in to their risk assessments as necessary. Choice of staffing should reflect the needs of the children attending the visit.

## **Complaints**

Should parents be dissatisfied with the support provided for their child, they should discuss their concerns directly with the school. If this does not resolve the issue, they may make a formal complaint via the school's complaints policy.

## Appendix 1

### Administering Medicines

This outlines how we are prepared to administer medicines in and out of school and offers guidelines to staff. Medicine should only be administered in school when it would be detrimental to a child's health or school attendance not to do so.

At Walmley Junior School we will administer medicines for the following reasons:

- A child has been unwell and has been prescribed medicine by a doctor.
- A child has a chronic/on-going illness that requires prescribed medicine regularly.
- A child has a chronic/on-going illness that requires prescribed medicine on an 'as and when required' basis.
- A child has seen a medical professional and has been recommended that pain relief medicine is taken (child paracetamol only).
- A child is feeling unwell and the parent anticipates the child will need pain relief (paracetamol only) during the course of the day.
- A child is on a residential trip where the staff are acting in loco-parentis and requires pain relief (child paracetamol only).

All of the above require the following information to be given to school, without exception, and must be recorded on the School Medication Consent Form:

1. Name and strength of medicine
2. Dosage to be given
3. Circumstances in which it should be given
4. Checking when previous doses have been given/taken
5. Checking medicine is in date
6. Parental/guardian's consent must always be completed
7. Parents must confirm the child has been given the medication in the past with no adverse effects
8. Adheres to manufacturer's instructions and warnings which accompany the medication
9. Parents being informed on the same day of when medication has been given (time specific) if this varies from the agreed time

This policy runs in line with the guidance set out by Birmingham LA.

The Medical Needs Coordinator (Deputies) or the school secretaries are able to take medication from a parent and are responsible for ensuring the correct documentation is completed. Verbal instructions are not acceptable.

Children are not permitted to carry their own medicines, with the exception of a blue inhaler and blood glucose testing monitor.

All medication should be kept in the school office cupboard, staffroom fridge or the staffroom cupboard for allergy medication. Children have no access to these areas at any time.

Administering medication must be supervised by a member of staff and recorded appropriately, checking all instructions are followed carefully. Written records must be completed and signed immediately after.

## Appendix 2 Qualified Staff

All staff have regular opportunities to update their knowledge of the conditions, including allergies and asthma. If they are in any way responsible for a child with specific needs, regular training will be undertaken to ensure they are able to meet these needs.

If children are admitted with other conditions, appropriate advice will be sought and training given.

### **Qualified First Aiders**

Mrs N Harris	First Aid at Work
Mrs S Smith	First Aid at Work
Mrs C Baker	First Aid at Work
Miss H Young	First Aid at Work
Mrs M Williams	First Aid at Work
Mrs M Barnes	First Aid at Work
Mrs S Hobbs	First Aid at Work
Mrs J Hemming	First Aid at Work
Mrs J Hinks	First Aid at Work
Mrs M Kibbler	First Aid at Work
Mrs Cornwall	First Aid at Work

Refresher training is undertaken every 3 years for qualified staff.

A list of staff is held by the DHT in charge of medical needs for those staff who have undertaken allergy and asthma training. This training is done bi-annually by the School Nursing Team.

### **Diabetic Trained Staff**

Mrs M Williams  
Mrs J Hinks  
Mrs L Cornwall  
Mrs Cronin

**All lunchtime supervisors are requested to attend a 3 hour first aid training course to update their first aid knowledge every 2 years. The training is provided through Birmingham School Safety Services.**