



Supporting Pupils with Medical Needs

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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.***

Parents have the prime responsibility for ensuring a child's health and for deciding whether they are fit to attend school. Parents should also provide all necessary information about their child's medical needs to the school.

Roles and Responsibilities

The Governing Body and staff of Walmley Junior School will ensure that pupils with medical needs receive appropriate care and support at school, so that they can have full access to education, including school trips and physical education.

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.

Should a new pupil be admitted with special medical needs or a disability, or should a condition develop for an existing pupil, the school will arrange to discuss their needs in a partnership meeting between the pupils, parents, the school nurse and other medical/social care professionals to ensure that the needs of children with medical conditions are effectively supported.

School staff have no legal obligation to administer medicines to pupils, unless contracted to do so. All staff volunteering to administer medication will first receive appropriate training, normally provided by Birmingham Community Healthcare NHS Foundation Trust, through a school nurse or special school nurse or other suitably qualified professional.

The Headteacher will accept responsibility, in principle, for members of the school staff to give prescribed medication during the school day where those members of staff have volunteered to do so.

A number of teachers and teaching assistants are qualified in first aid and have attended the three-day 'First Aid at Work' or a two day 'Paediatric First Aid' training provided by Schools Safety Services or Safe Aid (approved providers by Birmingham LA). This training is refreshed every three years with a two-day course. The AHT 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.

The training relating to emergencies, medication and relevant medical conditions will be updated annually e.g. asthma, epilepsy and allergies. Records of all training will be kept.

A first aid certificate does not constitute appropriate training in supporting children with medical needs and staff who have not undertaken training will not dispense medication or undertake healthcare procedures.

The Headteacher will ensure that all staff are made aware of any child's condition. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The Headteacher will ensure that during staff absence, the supply staff are fully briefed on any child with a medical condition.

Individual Care Plans

Individual care plans (ICP) help to ensure that schools effectively support pupils with chronic/ongoing medical conditions. ICPs capture the key information and actions that are required to support the child effectively. They provide clarity about what needs to be done, when and by whom.

Where a child has an ICP, this clearly defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

ICPs are drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. specialist or children's community nurse, where necessary, who can best advise on the particular needs of the child. Pupils may also be involved whenever appropriate. ICPs are monitored and reviewed annually, or sooner if initiated by a healthcare professional.

Administration and Storage of Medicine in School

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.

As a school, we ask parents to complete a Consent to Administer Medicines form. **Verbal instructions will not be accepted.** The information below should be noted:

- Each request from a parent to administer medication to their child in school will be considered individually based on the circumstances;
- We will not unreasonably refuse the parent's request to administer medicine in school;
- The parent's written consent is required. Consent does not have to be obtained every time medication is administered, but the form should be updated regularly.

Parents are responsible for:

- Ensuring that their child is well enough to attend school. Please note that parents should keep their children at home if acutely unwell or infectious.
- Ensuring that their child has a sufficient amount of medication which is in date;
- Replacing their child's supply of medication on request;
- Safely disposing of their child's date-expired medicines, for example by returning them to a pharmacy; and
- Ensuring that all medication is provided in its original container, with the label from the pharmacist, if the medication is prescribed or the parent if it is over the counter medication, showing the:
 - child's name;
 - name and strength of medication;
 - dose;
 - any additional requirements, e.g. to take the medication with food etc;
 - expiry date; and
 - dispensing date or date of purchase.

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.

Emergency Medication

Emergency medication (**including Auto Adrenalin Injectors**) are kept in the unlocked staffroom cupboard along with the red alert card for that child. These are accessible to any member of staff at any time of day.

Expiry dates on AAI's will be checked termly so that parents can dispose of and replace the medication.

All staff are aware that immediately after the AAI is administered, a 999 ambulance call must be made and parents notified.

Use of the AAI must be recorded on the Record of Medicine Administered to an Individual Child, with time, date and full signature of person who administered it.

Parents must be reminded that if the AAI has been administered it must be renewed before the child returns to school.

Children attending off-site visits will be accompanied by an adult who has been trained to administer AAIs. The AAI will be available and safely stored at all times during the visit.

Over the Counter (OTC) Medicines (non-prescription)

OTC medicines can be administered to pupils on the same basis as prescription medication, i.e. where medically necessary, with the parent's consent, when approved by the Headteacher in accordance with the school's policy.

However, children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a doctor.

With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging. We will check with parents the date and time that the child took the most recent dose.

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

Asthma

A register for pupils with asthma is updated annually, or sooner if required. An ICP would only be written if a child had an extreme form of asthma, i.e. Brittle. Class teachers must ensure pupils with asthma have their medication in school at all times and it is readily available throughout the day and on school visits.

School does hold spare salbutamol inhalers for emergency use. This inhaler should only be given to a child who is known to have asthma or requires a prescribed reliever inhaler. In the event of it being administered, parents should be notified. Following its use, the inhaler should be cleaned, dried and returned to the school office.

Inhalers should be readily available for children who need them e.g. kept in their classroom. The inhaler must be clearly labelled with:

- pharmacist's original label;
- child's name;
- name and strength of medication;
- dose;
- dispensing date and
- expiry date.

Children's spacer devices should be clearly labelled and sent home at the end of each term in order that they can be cleaned regularly.

Training

All staff access asthma awareness training annually and receive regular updates so they know how to deal with a child having an asthma attack. In the event of an asthma attack, staff should follow the clear procedure, outlined in the Asthma Attack Action Plan. **See Appendix 3.**

Illness/injury 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.

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 on the school IT system.

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, Deputy or Assistant Headteachers.

For very minor head injuries, children should be given a 'bumped head sticker' to indicate that the child should be monitored throughout the day. Also, a letter should be given to the child to take home to their parent/carer, advising them of the incident. For any other head injuries, an additional courtesy call should be made to parents.

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 the 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 Aid Area and available during lessons times should they be required.

Sport/P.E.

Most pupils with medical conditions should be able to participate in the sport or P.E. 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 additional support in P.E.

Children requiring inhalers should take them with them to all P E. lessons.

Out of School Activities and Educational Visits

We actively support pupils with medical conditions to participate in school trips and visits. The Headteacher will ensure that appropriate arrangements have been taken into account for administering medication during educational visits and the needs of the child.

A full risk assessment will be undertaken before every off-site visit. This will include an assessment of the possibility of administering medication or medical treatment. On an event by event basis, we may need to consult parents, pupils and healthcare professionals to ensure safe participation.

All staff involved in such visits will be made aware of any pupils with medical needs, what medication or action is required or what medication or action may be required in an emergency. The choice of staffing should reflect the needs of the children attending the visit.

Insurance Arrangements

We are insured by Zurich Insurance 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.

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. Each request from a parent to administer medication to their child in school will be considered individually based on the circumstances.

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.
- A child has a seasonal allergy, i.e. hay fever, and requires antihistamine or eye drops during the school day.
- A child is feeling unwell and the parent anticipates the child will need pain relief (child 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 (Assistant Headteachers) 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

Mr S Pearson	Paediatric First Aid
Mrs S Smith	First Aid at Work
Mrs K Conway	Paediatric First Aid
Mrs S Hobbs	First Aid at Work
Mrs J Hemming	Paediatric First Aid
Mrs M Kibbler	Paediatric First Aid
Mrs S Pargeter	Paediatric First Aid
Mrs M Williams	Paediatric First Aid

Refresher training is undertaken every 3 years for qualified staff.

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

Diabetic Trained Staff

Mrs S Smith
Mrs K Conway
Mrs C Baker
Mrs Pargeter
Mrs M Williams

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 an approved Birmingham LA provider.