



BREWSTER AVENUE INFANT AND NURSERY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

This policy was ratified by the Full Governing Body on: 1st May 2019

Date for review (this policy will be reviewed every two years): Summer 2021

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Introduction

Brewster Avenue Infant and Nursery School wishes to ensure that pupils with medical conditions receive appropriate care and support at school. All pupils have an entitlement to a full time curriculum or as much as their medical condition allows. This policy has been developed in line with the Department for Education's statutory guidance released in April 2014 – "Supporting pupils at school with medical conditions" under a statutory duty form section 100 of the Children and Families Act 2014.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school's ability to provide effective support will require co-operative working with other agencies. School staff will work in partnership with healthcare professionals (and, where appropriate, social care professionals), local authorities, parents and pupils to ensure that the needs of pupils with medical conditions are met effectively.

Responsibilities of the Local Authority (LA)

- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans are effectively delivered.
- Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

Responsibilities of the Governing Body

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so. Staff to have access to information, resources and materials.
- Ensuring written records are kept of, any and all, medicines administered to pupils.

- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.

Responsibilities of the Headteacher

- Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and Procedures of the School.
- Liaising with healthcare professionals regarding the training required for staff.
- Identifying staff who need to be aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover absences and emergencies.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Continuous two-way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
- Ensuring confidentiality and data protection
- Assigning appropriate accommodation for medical treatment/ care
- Maintaining the defibrillator

Responsibilities of School Staff

- Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. A first-aid certificate is not sufficient.
- Knowing where controlled drugs are stored and where the key is held.
- Taking account of the needs of pupils with medical conditions in lessons.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
- Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

Responsibilities of the School Nurse

- Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.

- Liaising locally with lead clinicians on appropriate support.
- Assisting the Headteacher in identifying training needs and providers of training.

Responsibility of Parents

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's IHP.
- Completing a parental consent form to administer medicine or treatment before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

Responsibility of Pupils

- Providing information on how their medical condition affects them.
- Contributing to their IHP
- Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Procedures for the Administration of Medication

1. If medication cannot be given outside of school hours, parents should fill in the Medication Consent Form (Appendix 1) giving the dose to be taken, the method of administration, the time and frequency of administration, other treatment, any special precautions and signed consent.
2. The parent should bring all essential medication the school office.
3. All medication taken in school must be kept in a clearly labelled pharmacy bottle, (preferably with a child safety top), which must give the pupil's name, the contents and the dosage to be administered.
4. Whilst medication is in school it is kept in a cupboard or fridge (if required), in the staffroom or school office. The exceptions to this are inhalers, adrenaline auto-injectors and insulin. These medications are kept in the classroom.
5. Medication to be taken orally should be supplied with an individual measuring spoon or syringe. Eye drops and ear drops should be supplied with a dropper. A dropper or spoon must only be used to administer medicine to the owner of that implement.
6. Medication will only be administered by appropriately trained staff who have been authorised to administer the medication.
7. When medication is given, the name of the drug, the dose, the mode of administration, the time that treatment is required to be given and date of expiry

should be checked. A written record should be kept of the time it was given and by whom to avoid more than one person ever giving more than the recommended dose. See form in Appendix 2.

8. Renewal of medication which has passed its expiry date is the responsibility of the parent. Expired medication is returned to parents for safe disposal.
9. In all cases where, following the administration of medication, there are concerns regarding the reaction of the pupil, medical advice will be sought immediately and the parents informed.

General posters about medical conditions (diabetes, asthma, epilepsy etc.) are displayed in the staff room.

Refusal or Forgetting to Administer Medication

If pupils refuse medication or staff forget to administer it, the school should inform the child's parent immediately. If necessary, the school should call the emergency services.

Non-prescribed Medication

Non-prescribed (over-the-counter) medication, such as cough medicines, will not be administered.

Individual Healthcare Plan (IHPs)

Individual Healthcare Plans will be written to support pupils who have long-term, severe or complex medical conditions. The SENDCo is responsible for overseeing the development these plans, in partnership with the School Nurse and parents.

- An Individual Healthcare Plan (IHP) will be developed by the school nurse team and shared with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENDCo) and medical professionals.
- IHPs will be easily accessible to all relevant staff, including supply staff, whilst preserving confidentiality.
- IHPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan, the IHP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the LA /AP provider and school is needed to ensure that the IHP identifies the support the child needs to reintegrate.
- Personalised risk assessments, moving and handling risk assessments, emergency procedures and other relevant documents should be used to supplement the individual healthcare plan.

The following will be considered for inclusion on an Individual Healthcare Plan where relevant:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication and other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements and environmental issues.
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies.
- Who will provide support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a healthcare professional, together with an indication of the arrangements for cover that will be available when those supporting are unavailable.
- Who in the school needs to be aware of the child's condition and the support required.
- What to do in an emergency, including whom to contact, and contingency arrangements.
- The separate arrangements or procedures required for school trips, educational visits or other extra-curricular activities

Asthma

Healthcare Plan

Pupils with asthma have an Asthma Action Plan. These are completed by class teachers and parents at the beginning of each school year. Parents should notify the staff of any changes.

Advice from the School Nurse is sought for children with Brittle Asthma.

Storage

Inhalers and Spacers are stored in a safe but readily accessible place (classroom medical boxes in the classroom cupboard), and clearly marked with the child's name.

Emergency Salbutamol Inhalers

The school has two emergency salbutamol inhalers: one stored in the Headteacher's office and one stored in the After School Club Medical cupboard.

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler
- for whom written parental consent for use of the emergency inhaler has been given.

A record of use of the inhaler (including when and where the attack took place, how much medication was given and by whom) and informing parents or carers that their child has used the emergency inhaler. Paperwork is kept with the emergency inhalers.

PE and Off-site Activities

Children with asthma should participate in all aspects of school life, including physical activities. Their reliever inhaler will be taken on all off-site activities.

Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms.
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a pupil needs to be taken to hospital, at least one member of staff will remain with the child until their parents arrive.

Day trips, residential visits and sporting activities

- Unambiguous arrangements will be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- To comply with best practice risk assessments will be undertaken, in line with H&S executive guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

Avoiding Unacceptable Practice

Although school staff will use their discretion and judge each case on its merits whilst referencing the child's individual healthcare plan, it is not acceptable practice at Brewster Avenue Infant School to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, such as hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including assisting with toileting

issues. No parent should have to give up working because the school is failing to support their child's medical needs;

- prevent children from participating, or create unnecessary barriers which would hinder their participation in any aspect of school life, including school trips by, for example, requiring parents to accompany the child.

Insurance

Staff who undertake responsibilities within this policy will be assured by the Headteacher that are covered by the LA/school's insurance. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head or Finance Manager.

Complaints

All complaints should be raised with the school in the first instance. The details of how to make a formal complaint can be found in the School Complaints Policy, which can be found on the school website.

Appendix 1: Medical Information and Consent Form

Child's Full Name:	
Date of Birth:	
Class:	

I consent to my child receiving the following medication in school:

Medication Name:	
Expiry Date:	
Dosage:	
Frequency / Time:	
Medication prescribed by:	
Medical Condition:	

- I will ensure that the school has adequate supplies of this medication for as long as it is required.
- I will ensure that medication I have provided for my child is correctly labelled, in date.
- I will inform the school if my child's medication or dose changes.

Signature:	
Print Name:	
Date:	
Relationship to child:	

Received by:	
Date:	

Returned Medication

When medication kept in the classroom medical boxes is returned to the parent / carer, (eg. inhalers / Jext pens), they must sign below to confirm receipt.

I confirm that the medication listed above has been returned to me.

Signature:	
Print Name:	
Date:	
Relationship to child:	

Appendix 2: Record of Medication Administered

Name of child:

Date	Time given	Name of Medication	Dose	Any reactions	Administered by:	Witnessed by:

- Brewster Avenue Staff will only administer medication to a child if a completed “Medical Information and Consent Form” has been received.
- Under no circumstances will members of staff administer medication against the will of a child.

Appendix 3: Model IHP for a Pupil with Medical Needs

Details of Child and Condition		
Name of child:	<i>Add photo here</i>	
Date of birth:		
Class/Form:		
Medical Diagnosis/Condition:		
Triggers:		
Signs/Symptoms:		
Treatments:		
Has the Parental Consent Form been completed? <i>(Medication cannot be administered without parental approval)</i>		Yes/No
Date:	Review Date:	
Medication Needs of Child		
Medication:		
Dose:		
Specify if any other treatments are required:		
Can the pupil self-manage his/her medication? Yes/No If Yes, specify the arrangements in place to monitor this:		
Indicate the level of support needed, including in emergencies: <i>(some children will be able to take responsibility for their own health needs)</i>		

Known side-effects of medication:
Storage requirements:
What facilities and equipment are required? <i>(such as changing table or hoist)</i>
What testing is needed? <i>(such as blood glucose levels):</i>
Is access to food and drink necessary? <i>(where used to manage the condition):</i> Yes/No Describe what food and drink needs to be accessed
Identify any dietary requirements:
Identify any environmental considerations <i>(such as crowded corridors, travel time between lessons):</i>
Action to be taken in an emergency <i>(If one exists, attach an emergency healthcare plan prepared by the child's lead clinician):</i>
Staff Providing Support
Give the names of staff members providing support <i>(State if different for off-site activities):</i>
Describe what this role entails:
Have members of staff received training? Yes/No <i>(details of training should be recorded on the Individual Staff Training Record, Appendix 4)</i>
Where the parent or child have raised confidentiality issues, specify the designated individuals who are to be entrusted with information about the child's condition:

Detail the contingency arrangements in the event that members of staff are absent:

Indicate the persons (or groups of staff) in school who need to be aware of the child's condition and the support required:

Other Requirements

Detail any 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; additional support in catching up with lessons or counselling sessions)

Emergency Contacts

Family Contact 1

Name: _____

Telephone
Work: _____

Home: _____

Mobile: _____

Relationship: _____

Family Contact 1

Name: _____

Telephone
Work: _____

Home: _____

Mobile: _____

Relationship: _____

Clinic or Hospital Contact

Name: _____

Telephone:
Work: _____

GP

Name: _____

Telephone:
Work: _____

Signatures

Signed

(Headteacher)

Signed

(Medication Coordinator)

