

Pinchbeck East Church of England Primary School

MEDICAL NEEDS POLICY

RESPONSIBLE PERSONS

Mr T. Verity Executive Headteacher
Mrs T. Vayro Head of School

SPECIAL EDUCATIONAL NEEDS & DISABILITIES COORDINATOR (SENCO)

Mrs E. White

Rationale

The number of pupils attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly, and with appropriate support from family and school can take part in the normal school activities. However for children with long term, complex or very individualised medical needs, there needs to be careful planning by school, parents/carers, medical and other professionals and where appropriate the child to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

Guidelines

Our school will do all it can to encourage, support and care for children with medical needs in order to ensure they maintain maximum attendance at school and have full access to the curriculum. We recognise that there are an increasing number of conditions such as hay fever, allergies and asthma affecting many school age children and positively welcome all pupils with these conditions. A copy of the procedures around administration of medication and support for pupils with these conditions will be available for staff and parents. We will work with parents/carers of children with complex or long term medical needs to agree and implement individual healthcare plans. We will provide whole school training on health issues affecting all children and appropriate training for staff volunteering to support individual healthcare plans.

Our school will review its procedures around the administration of medication, the development of healthcare plans and support for pupils with asthma in consultation with parents/carers and staff and on a regular basis.

This policy and its related procedures provide the framework within which the medical needs of pupils will be managed.

Record keeping

At the beginning of each school year or when a child joins the school parents/carers are asked whether their child suffers from any medical condition including asthma. Parents are reminded of the vital importance of providing this information to school and of updating the school should there be any changes or new conditions diagnosed. Parents who indicate that their child has asthma will be asked to provide further information regarding their child and the medication they are taking. This information should be updated by parents during the school year as necessary.

Asthma

Children who suffer with asthma need to be able to gain quick access to their inhalers (or spacers in the cases of some younger children). Parents sign a form to acknowledge that an inhaler has been provided. Both the inhaler (with child's name clearly displayed) and form are kept in classrooms. Members of staff ensure that inhalers are taken on off-site visits. However, as children with asthma get older it is very much the expectation that they should take the lead on remembering to take their inhalers. It is the parent's/carer's responsibility to check that inhalers are replenished when needed.

Anaphylaxis and administration of epipens

Anaphylaxis is an extremely dangerous allergic reaction. It can be triggered by foods (e.g. nuts, seafoods) or nonfoods (e.g. wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system, genitourinary system.

In the event of an attack it is important to administer an epipen as soon as possible and call 999 for an ambulance.

Each child should have an epipen stored in the 'Children's Medication' box in the staff room. We request the parents leave two epipens with school. If an additional epipen is supplied, it will be stored in the child's classroom. Each epipen is stored in a plastic wallet that also contains the name of the child, her/his photograph, and a copy of the child's individual plan that has been written by a doctor.

Administration of Medicines

Occasionally, it is necessary for medicines to be administered at school. **Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.**

If a parent wishes a child to take a prescribed medicine during school time they should either arrange with the Headteacher to come to school to administer the medicine or complete a request form, giving permission for the Headteacher or his/her nominee **only** to administer the medicine and deliver the medicine with instructions to the school office where it will be kept in a labelled container either in the mini-fridge or 'Children's Medication' box in the staff room. The medicine should be in date and clearly labelled with:

- Name of medication
- The owner's name
- Dosage, time and frequency
- The prescribing doctor's name.
- The date of issue
- The expiry date

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

For those children that require emergency medicine, e.g. an epipen, Buccal Midazolam for epilepsy, a red card with their name on it will be kept within easy reach in the classroom or on the class teacher if they leave the classroom, e.g. PE lessons. This red card will be sent via a child (KS2 responsible child) or adult (if child is in KS1) to the school office which will trigger an adult to take the correct medication up to the child **immediately**.

The Headteacher/Head of School or his/her nominated person to administer the medicine will require one other person to witness the medication being taken and that all medication instructions have been followed through accurately with the date and time recorded. This person will also be required to sign the medicine form.

Details of possible side effects should also be given. Where possible, no more than one week's supply should be sent at one time. It is important that an up-to-date record of the parent's home and work telephone numbers be kept so that they can be contacted at any time.

Medicines no longer required will be handed back to the parent. If parents do not collect medicines after a reasonable period of time they will be given to a pharmacist for disposal.

Procedures for the development of an individual healthcare plan

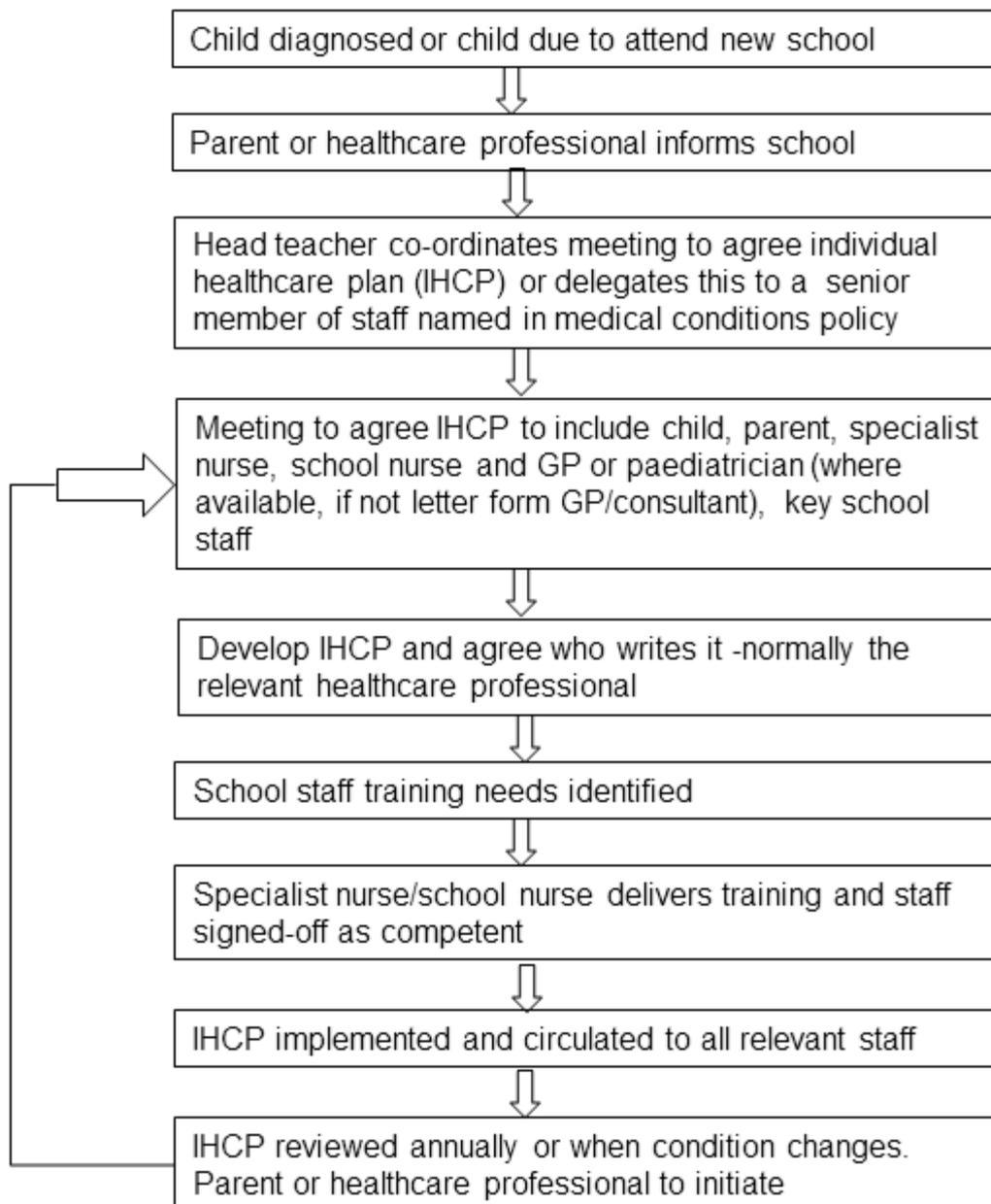
When a pupil has a long term or complex medical need that requires specialist medication or protocols, the school will work with the parent to agree an individual healthcare plan for that child. Where

appropriate, the drawing up of the healthcare plan will involve school/community nurse, health visitor. Advice will be sought from health practitioners e.g. GPs, consultants, specialist nurses, physiotherapists etc. The healthcare plan is a confidential document and will be signed by the parent and the school.

Each healthcare plan will be different, because each child's circumstances will be different. The following list describes some of the possible actions that could be included in a plan:

1. After filling in a request form, the child may go to a hospital that has a hospital school. If the child has special educational needs, a copy of their IEP (individual education plan) will also be provided to ensure that the child's needs are met at a level appropriate to her/his medical condition.
2. A child may have a long-term absence and be at home. If this absence is likely to exceed 15 days, the Education Welfare Team may become involved and home tuition could become a possibility.
3. It is possible that a healthcare plan might also include an element of part-time attendance at school.

A guide to the process of developing individual healthcare plans:



Accidents

- All bumps to the head are taken very seriously. Parents will be informed immediately if a child has had a serious bump where the skin has broken or is marked. Serious bumps will be recorded in the accident book and sent to the LEA. If the bump is minor, parents will still be informed.
- If a child suffers a minor accident, a member of staff will administer first aid and comfort the child. Parents will be notified in writing/phone call of the incident.
- In a more serious accident where a child may become unconscious, bleed profusely, or damage their limbs, an ambulance will be called, first aid administered and parents informed.
- Parents of any child exhibiting signs of health deterioration will be informed.

Roles and Responsibilities:

Governing Body

The governing body has the general responsibility for defining, monitoring and reviewing the school policy with respect to the support of pupils with medical needs. Governors will usually consult the Headteacher and school staff in the formulation of this policy.

Headteacher/Head of School

The Headteacher/Head of School is responsible for the operation of the policy on the support of pupils with medical needs. He will ensure that there are appropriate procedures in place for the administration of medication, including those for agreeing with parents/carers exactly what support the school can provide to pupils with more complex medical conditions. The Headteacher/Head of School can authorise a named member of staff to manage these procedures. This member of staff would then become the 'Authorised Person'.

The Headteacher/authorised person will make sure that parents/carers and staff are aware of the school policy on supporting children with medical needs.

The Headteacher/authorised person will make sure that staff receive relevant information on specific medical support needs of individual pupils on a need to know basis.

The Headteacher/authorised person will ensure that staff are appropriately trained.

The Headteacher/authorised person will ensure that appropriate links are maintained with specialist health professionals.

Parents/carers

Parents/carers are responsible for informing the school of any medical conditions their children suffer from and that the school has sufficient information to manage their child's medical needs while at school. If their child has a more complex medical condition, they should work with the school to develop a healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies.

Whilst school will make every effort to remove unnecessary medically related barriers to attending school, parents/carers should not expect that a child can attend school if he/she is infectious or contagious and should not return until they have been clear of the sickness and/or diarrhoea for 48 hours. Parents/carers should agree to make arrangements to collect children from school if they present such conditions while at school.

Staff

Staff should inform a senior member of staff and the welfare officer if they become aware that a child has a medical condition.

Staff should ensure that they seek information/guidance regarding the medical needs of pupils with whom they work from designated school staff.

All staff should know about the likelihood of an emergency arising in connection with the children with whom they are working.

All staff should know what to do should an emergency arise in connection with the children with whom they are working.

Staff should know how to summon the emergency services and what the school's recording procedures are in such a situation.

Staff are entitled to appropriate training.

Class teachers are responsible for notifying all adults who regularly come into contact with their class about pupils medical needs.

Teachers employed to cover P.P.A. (planning, preparation and assessment) time for regular class teachers should find out information regarding the medical needs of pupils within classes they regularly teach.

It is the school administrator's responsibility to maintain an up-to-date 'Health Needs' summary sheet at the front of the register and of ensuring this is readily available for all staff who work in their classroom.

Should a supply teacher take responsibility for a class without opportunity for liaison with the class teacher, other year group staff should ensure they are informed of medical needs of pupils in the class.

Other Health Professionals

A range of health care professionals, including the school nurse, the child's General Practitioner, specialist staff within the Primary Care Trust and the Community Pharmacists, may have a role in the medical care of a pupil.

This role may be:-

- to provide advice in the construction of an individual healthcare plan
- to provide advice and/or support in an emergency situation
- to provide training for staff in specific protocols
- to support school nurses in their work within schools.

REVIEW

The head of school and teaching staff will review this policy in September 2016. Any amendments will be presented to the Governing Body for approval.

Emily White

SENCO

September 2014