



## Supporting Children with Medical Needs Policy

**Policy in place:** Nov 2014

**Policy updated:** Mar 2017; Mar 2021

**Review date:** March 2022

### Medicine and Supporting Children at School with Medical Conditions Policy

Section 100 of the Children and Families Act 2014 places a duty on the Governing Board of the school to make arrangements for supporting children at the School with medical conditions. To that end, the Governing Board will ensure that arrangements are in place to support children with medical needs and that an appropriate policy, plans and procedures are in place to meet that statutory duty.

### Policy Implementation

All schools and academies are expected by law to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively. The overall responsibility for the administering and implementation of this Policy is given to the Headteacher. The Headteacher will be responsible for ensuring that sufficient staff are suitably trained and will ensure that appropriate arrangements are in place to cover any staff absences. The Headteacher, Deputy Headteacher, Assistant Headteacher or Admin staff will be responsible for briefing supply teachers and/or new members of staff. Risk assessments for school educational visits and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans will be the responsibility of the Headteacher, Deputy Headteacher and/or Class Teacher in charge of the visit. Staff will be inducted into the arrangements and guidelines set out in this Policy.

### Procedures to be followed when Notification is received that a Child has a Medical Condition

The school will ensure that the correct procedures are followed in accordance with this policy. Whenever we are notified that a child has a medical condition, appropriate procedures will also be in place to cover any transitional arrangements for these children between schools, for reintegration, or when a child's needs change, and will make suitable arrangements for any staff training or future support. For children starting at Endon Hall Primary & Nursery School, arrangements will 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 Endon Hall Primary & Nursery School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, the school will take into account that many of the medical conditions that require support at school may affect quality of life and/or could be life threatening. We will also acknowledge that some will be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will endeavour to give parents/carers and children confidence in the school's ability to provide effective support for their child's medical conditions in school. The school will liaise with, and seek support from the Local Authority, where appropriate, in the first instance with regards to children who have medical needs.

### The Role and Responsibilities of Staff at Endon Hall Primary & Nursery School

Some children with medical conditions may be disabled. Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the Special Educational Needs and Disability Code of Practice 0- 25 years and Endon Hall School SEN Information Report.

Children' medical needs may be broadly summarised as being of two types:

- (a) Short-term, affecting their participation in school activities which they are on a course of medication.
- (b) Long-term, potentially limiting their access to education and requiring extra care and support.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, the school, along with health professionals, parents/carers and other support services will work together to ensure that children with medical conditions are able to enjoy the same opportunities at school as any other child, unless a clinician states otherwise.

In some cases, this may 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 and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff **must not** give prescription medicines or undertake health care procedures without appropriate training. At Endon Hall Primary & Nursery School, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with specific medical conditions. In those circumstances, appropriate healthcare professionals will provide the relevant training and subsequent confirmation of staff proficiency to undertake a particular medical procedure, or to administer specific medication in accordance with a child's individual healthcare plan.

#### **Specific training of staff:**

- Whole school Asthma training (26.03.2014) (updated 04.01.2017, 07.03.2018 and virtual training completed during November 2020)
- Epi pen training (01.07.2015, 07.03.2018 and virtual anaphylaxis training completed during November 2020)

There are no children currently in school with Diabetes or Epilepsy, but training has been undertaken previously, in 2016 and 2017 and would be repeated should the need arise.

Additional relevant training will take place for specific Medical conditions when required.

#### **Individual Health Care Plans**

Individual Health Care Plans (overview at Annex A) will be written and reviewed by the Special Educational Needs Coordinator but it will be the responsibility of all members of staff supporting the individual children to ensure that the plan is followed. Individual Healthcare Plans will help to ensure that the school effectively supports children with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention may be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex.

However, not all children with medical conditions will require one. The school, along with an appropriate health care professional and parents/carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached, the appropriate healthcare professional will have the final say.

#### **Annex A**

Individual Health Care Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Where a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan. Annex B identifies what ought to be included as a minimum in an Individual Health Care Plan. Individual Healthcare Plans (and their review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. The Individual Health Care Plan must be completed by the Special Educational Needs Coordinator with support from parents/carers, and a relevant healthcare professional. Children should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with the school.

Endon Hall Primary & Nursery School will ensure that Individual Health Care Plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing and minimises disruption. Where the child has a SEN identified in a statement or EHC plan, the Individual Health Care Plan should be linked to or become part of that statement or EHC plan.

## Annex B

The below information will be considered and recorded on Individual Health Care Plans where appropriate:

- the medical condition, its triggers, signs, symptoms and treatments;
- the children's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded/noisy conditions, travel time between lessons;
- specific support for the child's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete tests, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from Parents/Carers for medication to be administered by a member of staff, or self-administered by the children 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 Parents/Carers or child, the designated individuals to be entrusted with information about the child's condition;
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an Emergency Health Care Plan prepared by their lead clinician that could be used to inform development of their Individual Health Care Plan. The Emergency Health Care Plan will not be the School's responsibility to write or review.

### Advance Care Plans

If a child or young person has a life limiting and/or life threatening condition, then full support from health care providers would be sought to ensure an up to date and compressive care plan (known as a Child and Young Person's Advanced Care Plan) is put into place. The Care Plan would include an Emergency Management Plan (EMP) which may lead to the need to implement a Do Not Resuscitate Agreement (a DNR Agreement) in an emergency.

### Spare/backup medication

A spare inhaler will be kept in school as part of an emergency asthma kit. This kit will include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;

The spare in inhaler and kit will be available to all children who are diagnosed as having asthma and have written parental consent for its use. The inhaler will be used if their own inhalers are not available or working correctly (i.e. out of date etc.).

Details of the supply, storage, care and disposal of the emergency inhaler kit:

- Supply: The emergency inhaler kit will be purchased from a local pharmacy
- Storage: The emergency inhaler kit will be stored in the medical box in the school office (a central location to which all staff have access at all times and where the inhaler is out of reach and sight of children). The emergency inhaler kit will never be locked away. The inhaler will be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C and protected from direct sunlight and extremes of temperature. The inhaler and spacers will be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler. The inhaler will be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be

regularly primed by spraying two puffs. To avoid possible risk of cross-infection, the plastic spacer will not be reused. It will be given to the child to take home for future personal use.

- Care: N Cooper is responsible for maintaining the emergency inhaler kit. Maintenance of the emergency inhaler kit involves:
  - conducting a check, on a monthly basis, that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
  - that replacement inhalers are obtained when expiry dates approach;
  - replacement spacers are available following use;
  - the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
- Disposal: Spent inhalers will be returned to the pharmacy.

A register of all children who have asthma or a prescribed reliever inhaler and have written parental consent to use the emergency inhaler will be kept with the kit, consent will be sought when forming the child's Individual Health Care Plan. The emergency inhaler will only be used by children with written parental consent, unless directed to by a medical professional in an emergency situation. A record of use of the emergency inhaler will be kept with the kit. Parents/carers will be informed in writing if their child has used the emergency inhaler. Appropriate training and support will be provided to staff in the use of the emergency inhaler. G Fairhall will monitor to ensure that protocol is followed.

A spare adrenaline auto-injector (AAI) will also be kept in school, as part of an emergency anaphylaxis kit. This kit will contain:

- 1 or more AAI(s)
- instructions on how to use the device(s)
- instructions on storage of the AAI device(s)
- manufacturer's information
- a checklist of injectors
- identified by their batch number and expiry date with monthly checks recorded
- a note of the arrangements for replacing the injectors
- a list of pupils to whom the AAI can be administered and an administration record

The spare AAI will be available to all children who are known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use has been provided. The spare AAI will be administered to children whose own prescribed AAI cannot be administered correctly without delay.

Details of the supply, storage, care and disposal of the spare AAI:

- Supply: The AAI will be purchased from a local pharmacy
- Storage: The emergency anaphylaxis kit will be stored in the medical box in the school office (a central location to which all staff have access at all times and where the AAI is out of reach and sight of children). The emergency anaphylaxis kit will never be locked away. The AAI will be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C and protected from direct sunlight and extremes of temperature. The emergency anaphylaxis kit will be kept separate from any child's AAI which is stored in a nearby location and the emergency AAI will be clearly labelled to avoid confusion with a child's AAI.
- Care: Two members of staff are responsible for maintaining the emergency inhaler kit: G. Fairhall and N. Cooper. Maintenance of the emergency anaphylaxis kit involves:
  - Checking, on a monthly basis, that the AAIs are present and in date.
  - that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).
- Disposal: Once an AAI has been used it cannot be reused and therefore will be disposed of according to manufacturer's guidelines.

A register of all children who are known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided, will be kept with the kit. Consent will be sought when forming the child's Individual Health Care Plan. The spare AAI will only be used by children with written parental consent. A record of use of the spare AAI will be kept with the kit. Parents/carers will be informed in writing if the spare AAI has been administered to their child. Appropriate training and support will be provided to staff in the use of the spare AAI. G Fairhall will monitor to ensure that protocol is followed.

## Children Participation in School Activities/Educational Visits

Endon Hall Primary & Nursery School will actively support the inclusion of children with medical needs to take part in school activities/educational visits after the conducting of any appropriate risk assessments, by being flexible and by making any reasonable adjustments as and when required, unless evidence from a clinician such as a GP states that this is not possible. However, in line with our Safeguarding duties, we will ensure that children's health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

The school does not have to wait for a formal diagnosis before providing support to children. In cases where a child's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence at the time. This would normally involve some form of medical evidence and consultation with parents/carers.

Where evidence conflicts, some degree of further investigation may be necessary to ensure that the right support can be put in place, this will usually be led by the Headteacher. Following any further investigations, an Individual Health Care Plan may then be put in place. Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and any subsequent procedures.

Other children in the school should be made aware of what to do in general terms, if a child seems to be unwell or injured and they think help is needed, such as informing a teacher immediately. If a child (regardless of whether they have an Individual Health Care Plan) needs to be taken to hospital, staff should stay with the children until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

Appropriate risk assessments will be carried out to assist with the School in any decision making process.

## The Child's Role in managing their own Medical Needs

After discussion with the parents/carers and the child themselves, if it is agreed that a child is competent to manage their own health needs and medicines, the school will encourage them to take responsibility for this, and it will be reflected within a child's Individual Health Care Plan.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Where medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are stored for children, they will be always readily available, in the class medication box. If alternative arrangements are required, they will be recorded on the child's Individual Health Care Plan. Endon Hall Primary & Nursery School recognises that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then appropriately trained staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so but instead follow the procedure agreed in the Individual Health Care Plan. Parents/Carers should be informed, outside of the review, so that alternative options may be considered.

## Managing Medicines on the School Site

- Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so.
- No children under 16 should be given prescription or non-prescription medicines without their Parents/Carers written consent.
- Generally, Endon Hall Primary & Nursery School will not administer non-prescription medicines to a child. Painkillers may be administered if it is considered appropriate and only with parental approval. In such circumstances the school will check any maximum doses and when any previous doses may have been taken. A child under 16 should **never** be given medicine containing aspirin unless prescribed by a doctor.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

- All medicines will be stored safely in the school office or staffroom fridge; emergency medicines and devices will be stored in the class medication box to ensure children are able to access them immediately if needed. Any alternative arrangements would be detailed in the child's Individual Health Care Plan. Children should know where their medicines are at all times and be able to access them easily. Where relevant, they should know who holds the key to the storage facility, which will usually be the Admin/Office staff.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily-available to children and not locked away. These will be stored safely in the class medication box and located with the child to ensure that they are immediately available if needed; for example, if the child is outside of the school premises e.g. on a school trip. Spare devices will be stored in the school office, according to the child's Individual Health Care Plan. Children will be informed of where their medication is stored and know how to access it. If a child requires an asthma inhaler, it is **very important** that there is an inhaler in the school at all times. An emergency inhaler and emergency anaphylaxis kit are located in the school office.
- Expiry dates of medication kept in classrooms will be checked on a monthly basis by class ISAs.
- Emergency kits and devices will be checked monthly by N Cooper (see spare/backup medication section for full details).
- During educational visits, an appropriately trained member of staff will be in charge of and carry all medical devices and medicines required for any children attending that trip. (Unless a parent is voluntarily in attendance and undertakes that role – it is not a requirement that a parent accompany any children to facilitate their attendance)
- Appropriate members of staff administering medicines should do so only in accordance with the prescriber's instructions. Endon Hall Primary & Nursery School will keep a record of all medicines administered to individual children whilst in the care of the school, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should also be noted.
- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

### **Unacceptable Practice**

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Health Care Plan, it is not generally acceptable practice 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 children or their parents/carers; 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 Health Care Plans
- if the/a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent children from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents/carers, or otherwise make them feel obliged, to attend the school to administer medication or provide medical support to their child, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e.g. by requiring parents/carers to accompany their child.

## **In an emergency**

In a medical emergency, please note the details of members of staff who have been appropriately trained:

### **Paediatric First Aiders are:**

- Sa Brown
- J Grange
- L Dawson
- L Sanzeri
- L White
- St Brown
- T Sanders

### **Emergency First Aid at Work Qualification holders (EFAW):**

- S McQuillan
- J Harrison
- J Wilkinson
- N Knight
- H Godwin
- J Leese
- A Townshend
- J Gibson
- N Cooper

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parent/carer names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents/carers must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

Where a child has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school should know what to do in general terms.

## **Defibrillators**

Defibrillators are machines that are used to give an electric shock to restart a patient's heart when they are cardiac arrest. There is no defibrillator on site at Endon Hall Primary & Nursery School. The nearest machine can be found at the junction between Hillside Avenue, Church Lane and Leek Road (attached to the previous NatWest building).

## **Information**

Specific Medical information will be discussed with relevant staff/inter agencies where appropriate.

## **Record keeping**

The Senior Leadership Team will ensure that written records are kept of all medicines administered to children on the school premises. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. A parent/carer will be informed at the earliest opportunity if the school is made aware that their child has been unwell.

## **Liability and Indemnity**

The following insurance is in place: Zurich Municipal. This insurance covers all staff who provide support to children with medical conditions, including the administration of medicines. Where necessary individual insurance will be arranged by the school for any healthcare procedures.

## **Complaints**

If a parent/carer, child or other member of our school community feels that they are dissatisfied with the support that we provide as a school they have the right to make a complaint. In the first instance, this should be discussed with the child's class teacher. For further details of our complaints procedure please see the school's Complaints Policy.