

# Hindley J & I School



## Supporting Pupils at School with Medical Conditions

Written: July 2024

To be reviewed: July 2027

\_\_\_\_\_ signed on behalf of the school \_\_\_\_ date

\_\_\_\_\_ signed on behalf of the governors \_\_\_\_ date

## **Aim**

The Governing Body has a statutory duty under the Children and Families Act 2014, to properly support children with medical conditions, so that they have full access to education, including school trips and physical education.

## **Introduction**

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short-term situation or a long-term medical condition which, if not properly managed, could limit their access to education. The Governors and staff at Hindley Junior and Infant School wish to ensure that children with medical needs receive the correct care and support.

We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities or unfairly treated in regards to absences linked to their medical condition.

## **Roles and Responsibility**

### **The role of the Governing Body and Head teacher**

The ultimate responsibility for the management of this policy lies with the Governing Body and Head teacher.

### **The role of the SENCO**

- The SENCO will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained.
- The SENCO will work with the administration team to ensure accurate and up to date records are kept for children with medical needs.
- The SENCO will liaise with other parents/ carers, pupils and agencies to provide support for those children with medical needs, attending meetings and sharing information.
- The SENCO will ensure that children have Individual Health Care Plans (IHCP) were required.

### **The role of Staff**

#### **Staff 'Duty of Care'**

Anyone caring for children, including teachers, other school staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, **although they cannot be required to do so**. Although **administering medicines is not part of teachers' professional duties**, they should take into account the needs of pupils with medical conditions that they teach.

Teachers who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading Individual Health Care Plans (IHCPs) devised for individual children.

### **The role of Parent/Carers**

Parents/carers have prime responsibility for their child's health and should provide school with up-to-date information about their child's medical conditions, treatment and/or any special care needed.

If their child has a more complex medical condition, they should work with the school and other health professionals to develop an IHCP, which will include an agreement on the role of the school in managing any medical needs and potential emergencies, with the child's best interests at heart.

It is the parent/carers responsibility to make sure that their child is well enough to attend school and to inform school of any changes in circumstances.

### **Identification**

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. We also annually send out data sheets for parents/carers to check and amend to ensure all our records are up to date.

### **Other agencies**

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff, these are key in helping school to support the child and may be called upon for advice and support at any point. Any requests or referral to these services will only be made with parental consent.

### **Individual Health Care Plans (IHCP)**

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. Not all children will have an IHCP, this will depend on individual circumstances. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans may not take on

the same format but will be built to suit the needs of the individual child. They will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required.

An IHCP will include:

- details of the child's condition
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play
- special requirements e.g. dietary needs, pre-activity precautions
- any side effects of medicines
- support and training required and who is responsible
- any specific support required in terms of exams, attendance and counselling
- written permission for any medical treatment to be administered or details of self administration
- special arrangements for school trips or events.

A copy will be given to parents/carers, class teachers, and a copy will be kept in the child's file in the SENCOs office. The general medical information sheet given to all staff will indicate that the child has an IHCP.

### **Communicating Needs**

A medical list containing class lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff (including Lunchtime Supervisors). Parents consent is gathered to share this publicly, so all staff are aware of children's needs. Class medical lists and IHCPs are also stored in the Cohort files and in the school office (a copy of their IHCP in the main office can be easily given to paramedics if required.)

### **Physical Activity**

We recognise that most children with medical needs can participate in physical activities and extra curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

### **School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. This will include appropriate transport.

Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

### **Residential Visits**

Parent/Carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure, and, all medication which needs to be administered during the course of the visit, should be handed directly to the group leader before leaving the school/centre at the start of the visit.

### **Administration of Medicines**

The Headteacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day, were those members of staff have **volunteered to do so**, and have agreed to adhere to this policy.

Parent/carers will be advised that it is their responsibility to notify the school/centre of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

### **Staff training**

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. This includes induction training for new staff. A core team will be trained to deal with any medical condition to allow for staff absences and cover.

Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis.

Records of staff training will be held by the SENCO.

### **Procedures**

#### **Receiving Medication**

- **NO** medication will be administered without prior consultation with, and written permission from, the parent or guardian;

- A medical form, available from the office, must be completed by a parent/carer;
- On arrival at school, all medication is to be handed (via the office) to an authorised member of staff by the parent;
- All medication **MUST** be in the original container;
- Quantity of medication **MUST** be recorded e.g. 10 tablets, 100ml of medicine;
- If two medications are required, these should be in separate, clearly and appropriately labelled containers;
- All medication **MUST** be clearly labelled with pupil's name, strength of medication, dosage and frequency of dosage and expiry date.

### **Storing Medicines**

Medication will be stored in the staff room fridge in a sealed box. Once removed medication will be administered immediately and never left unattended.

Inhaler and other medication that needs to be immediately accessible will be stored on a labelled cupboard in each classroom, so that any adult will know where to find it.

The medication should be clearly labelled with the pupil's name, strength of medication, dosage and frequency of dosage and expiry date. A record of administration should accompany it and - if it has been administered – it should be signed by the adult administering it, and a witness.

### **Administering medicines**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Staff willing and authorised to administer medication and/or health care will receive training and advice from health care practitioners when appropriate.
- Authorised staff will record details of each administration.
- A child will never be forced to accept medication. The school will inform parents immediately if a child refuses medication as prescribed.
- Persons administering medication will check the medication type is correct then log the time and date, and sign upon administering medication.
- Second adult, observing the administering of medication, will sign also.
- During residential trips and visits off school site, sufficient essential medicines and medical charts/health care plans will be taken by the member of staff responsible for organising and leading the visit.

### **Self-Administration**

- Parents/guardians must complete a written request form for a child to self administer medication e.g. asthma medication.

- This would only be allowed if a child has been trained and is competent to administer their own medication.

### **Emergency Procedures**

Where a child is in distress, or has a need for an intervention and no one in the school feels confident to undertake it, then the parent/carer and a qualified health professional should be called immediately.

Staff should be trained to use the telephone and know how to call the emergency services. A member of staff should accompany a pupil if taken to hospital by ambulance and should remain with the pupil until his/her parents arrive.

### **Calling 999**

Dial Line 1 (top left button) then 1 on the handset, then 999. Ask for a paramedic ambulance and be ready with the following information:

- School name;
- Address;
- Give your name;
- Name and approximate age of pupil/member of staff;
- Brief description of pupil's/staff symptoms and medical needs (available in school office);
- Inform Ambulance control that the crew will be met at the main entrance;
- Send someone to main entrance;
- Inform parent, carer, spouse or immediate relative.

If hospital treatment is required and a parent/carer is not available, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance, a member of staff will accompany the child in the ambulance if their parent/carer is unavailable.

### **First Aid**

We have a number of school staff who are trained as Emergency First-Aiders at work and Paediatric First Aiders, and in the event of illness or accident that cannot be dealt with by general first aid will provide appropriate first aid support. All staff on playground duty will have access to the first aid box, located near the entrance to the toilets, to deal with minor accidents.

We will inform parent/carers, using our standard slip if their child has had an accident and received first aid attention. This will include if a child has had a nose bleed. Details of accidents/incidents are recorded in the Accident Book together with any treatment provided. In the event of a more serious accident, we will contact the parent/carer as soon as possible and record this contact in the Accident Book.

If there is a head injury, burn, or anything else that staff are concerned about, the office staff will phone home and provide the following information: the nature of the accident; treatment; how the child is; and the opportunity for the parent to come to school to check their child. Staff will never say that the child is 'fine' as we understand that we are not medically trained.

### **Confidentiality**

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school/centre about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **Medication Errors**

A medication error is when the administration deviates from the instructions of the medical professional and parent. Medication errors typically occur when schools have more than one pupil with the same name. Some examples of medication errors include:

- Administration of a medication to the wrong pupil.
- Administration of the wrong medication to a pupil.
- Administration of the wrong dosage of medication to a pupil.
- Administration of the medication at the wrong time.

Each medication error must be reported to the Head teacher and an Incident Report Form completed and copied to the Corporate H&S Team.

### **Employee's Medicines**

Employees may need to bring their own medicine into school. They have a clear personal responsibility to ensure their medicines are not accessible to children.

### **Monitoring and Evaluation**

Staff and governors, on a three-yearly basis, will review this policy unless circumstances demand an earlier review.



