

Elmhurst Primary School



Supporting pupils with medical conditions policy 2021 - 2022

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- The governing board will implement this policy by:
 - o Making sure sufficient staff are suitably trained
 - o Making staff aware of pupil's condition, where appropriate
 - o Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
 - o Providing supply teachers with appropriate information about the policy and relevant pupils
 - o Developing and monitoring individual healthcare plans (IHPs)

The named people with responsibility for implementing this policy are Jane Nash (AHT and SENCO), Nia Silverwood (DHT), Ayesha Sahebodin (medical needs officer), Sherifat Aderoba (school nurse)

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

3. Roles and responsibilities

3.1 The governing body

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The SENCO (Jane Nash) with the support of the Deputy Head teacher (Nia Silverwood) will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations. Keep a log of any staff training.
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Organise and lead yearly INSET training for members of staff on the school's medical needs policy and key medical conditions within the school, this will include TA/s teachers, MDAs and office staff.
- Organise for specialist training to be provided to teachers by specialist nurses, e.g. for diabetes, cystic fibrosis, anaphylaxis at the earliest possible opportunity.
- Liaise with the school's catering service to inform them about children with allergies and ensure appropriate measures are in place to identify those children for instance through wearing a yellow lanyard.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure there is a mechanism to inform supply teachers and support staff of any medical conditions within the class.
- Oversee care plans for children with more serious health concerns and update staff members when necessary on information about children's medical needs.
- Half termly medical needs' meetings will be held between Jane Nash (AHT) and Ayesha Sahebodin (medical needs officer) to maintain a strategic overview of existing and new cases. Updates will be fed back to the leadership team and to relevant staff.
- The SLT are responsible for following up quickly on concerns about or suspected cases of Covid 19, including making decisions on whether to isolate pupils and to send them home.

- In the event of a positive case of Covid 19, the Headteacher (Sukwinder Samra) and in her absence the DHT (Nia Silverwood) are responsible for any possible follow up from this. From Sep 2021 the school are no longer responsible for test and trace.

3.3 The school medical needs officer (Ayesha Sahebodin) will:

- Be the first point of contact for parents when informing the school about a child's medical needs
- Contact parents of children with medical needs to discuss their specific needs and care plans in light of Covid 19 and arrange for care plans to reflect any changes that support children's safe return to school.
- In the event of a child displaying symptoms, support parents with organising a Covid 19 test either by post or through advising on potential test centers.
- Keep the register of medical needs fully updated and ensure that new information is shared in a timely fashion with SLT and staff.
- Keep a record of all children and staff who have self isolated with Covid symptoms and the results of any test.
- Inform school leaders and update staff of any significant changes in the medical needs of a child.
- Arrange care planning meetings between parents and the school nurse for less severe conditions. As noted above, care planning meetings for more serious conditions will be overseen by Jane Nash.
- Liaise with the school nurse when needed to formulate care plans
- Oversee first aid equipment and lead First aiders.
- Liaise with the school's catering service to inform them about children with allergies and ensure appropriate measures are in place to identify those children for instance through wearing a yellow lanyard.
- Share medical needs information about children to any member of supply staff new to the school through the school's pro-forma. In the event of Ayesha's absence, responsibility for informing supply teachers of any medical needs lies with the Office Manager, Yasmin Begum.
- Contact parents quickly with any information or concerns about their child with a medical condition. As per the policy on usage of mobile phones, this should always be done through the school phone. If the medical officer is unavailable this will be delegated to a trained member of the office staff or a trained playground first aider.
- Update the medical needs board in the staff room for pupils with severe medical needs
- Oversee the safe storage of medicines and ensure that they are within their use date and contact parents if they need to be replaced.
- Ensure written permission for administration of medication has been provided by parents and keep a record of this.
- Record and sign for the administration of medication for short term medical conditions in a log book and ensure parents are in agreement with this.
- Half termly medical needs' meetings will be held between Jane Nash (AHT) and Ayesha Sahebodin (medical needs officer) to maintain a strategic overview of existing and new cases. Updates will be fed back to the leadership team and to relevant staff.

3.4 All members of staff will:

- Read, understand and attend training on the medical needs policy and procedures of the school and seek clarification of any aspects of the policy they are unsure of.
- Be aware of their roles and responsibilities as identified in individual children's care plans.

- Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Ensure that medical information on pupils is displayed in a clear and prominent position within their classrooms.
- Ensure any medication for children in their class who require it (as identified in their IHCP) is stored within easy access for the child but out of sight of the general class.
- Ensure that supply teachers or cover staff are fully informed of children's medical needs within the class and understand procedures in the event of a medical emergency.
- Inform the medical officer and SLT of any changes to a child's medical needs which come to their attention.
- Ensure risk assessment for trips include children with medical conditions and that any supervising adult and volunteer attending the trip is aware of a child's condition.
- Record administration of any medication in accordance to instructions on a specific care plan.
- Always ensure that children who are sent to the school office due to feeling unwell are accompanied by an appropriate person and not left alone. **If children are displaying symptoms of Covid 19, then they should be sent to the isolation room and not to the office. An adult not a child should accompany a child with symptoms and maintain a safe distance from the child.**
- **Are clear on the symptoms of Covid 19 and remain vigilant in class in case pupils develop symptoms.**
- **Report any concerns about symptoms to the school medical officer AND a member of the leadership team immediately.**
- **Teach good hygiene routines, including the 'catch it, bin it, kill it' approach and ensure that regular hand washing is timetabled into the school day.**

3.5 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs by taking relevant information about their child to Ayesha Sahebodin (medical needs officer based in the office). At the beginning of each year the school will send out letters to parents to ascertain what updates have happened.
- Be involved in the development and review of their child's IHP or care plan and may be involved in its drafting .
- **Contact the school to inform them if their child is displaying symptoms of Covid 19 and ensure that they do not attend school under any circumstances.**
- **Keep their child at home if a member of their household is displaying symptoms of Covid 19 and not send them in until any person in the household with symptoms have had a negative test result.**
- **Organise a Covid test for their child and household members in the event of child displaying symptoms. (**

- Carry out any action they have agreed to as part of the implementation of the IHP/ care plan e.g. provide medicines and equipment
- Ensure any medication held by the school is up to date and if not, take responsibility for informing staff
- Provide written permission for any medication that they require the school to administer.
- Provide the school with relevant documentation to support their children's condition. For e.g. signed allergy action plans and asthma care plans

3.5 Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them.
- Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals will:

Our school nurse is: Sherifat Aderoba

- Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.
- Our school nurse will support with care planning, training and advice to parents on request of the SENCO and medical needs officer
- Specialist training (from specialist nurses) will be provided for relevant staff, this may include cystic fibrosis, diabetes and epilepsy for example.
- Healthcare professionals, such as GPs and pediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.
- Advise the school of any amendments to health care plans that will support pupils return to school following the Coronavirus crisis.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

6. The Range of Medical needs at Elmhurst Primary

The school keeps a comprehensive and regularly updated central register of children in all year groups with any medical conditions. This information is handed over to the teacher before the start of the new academic year so they are aware of children in their new classes. The information is stored on the school's system and is accessible to teaching staff and SLT.

The central medical needs register details whether an IHC plan is necessary (refer to section 7 below). Children with the severe medical conditions listed below have an IHC plan which will contain details of medication, storage of medication and procedures to follow in an emergency. Children with less severe needs may have an IHC plan if it has been deemed appropriate and necessary by the school nurse and SENCO.

Information about children with serious medical needs will be displayed in the staff room on the medical needs board.

At Elmhurst Primary school we have children with a range of medical needs. Currently we have children with:

- Allergies – children with allergies will wear a yellow lanyard at lunch time so that they can be identified by catering staff and midday staff supervising the dinner halls. Teachers will take special care at snack times. Epi pen training is given to teachers and epi pens are stored in the classrooms for easy access.
- Cystic Fibrosis – this is a serious condition. The children with cystic fibrosis will require a very specialist care plan which will vary from child to child. Training will be given to teachers at the beginning of the year.
- Diabetes – Children with diabetes will have a specialist care plan and staff will receive training. These children require insulin to regulate blood sugar and may show signs of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar). Some children will require an adult to test blood sugar at key times through the day. Snacks, such as fruit or Lucozade will be kept in the classroom for cases of low blood sugar.
- Epilepsy – Children with Epilepsy have a care plan in place and necessary staff will receive training. Staff should ensure seizures are timed. If the seizure lasts for longer than 2 minutes, parents and the ambulance will need to be called.
- Febrile Convulsions –Most children with this condition have a care plan in place (if agreed upon with school nurse). Monitor and manage seizure with first aid protocols. Call ambulance if seizure lasts longer than 5 minutes.
- Friedrich Ataxia - Genetic disease that causes difficulty walking, a loss of sensation in the legs. Class teachers/staff should be aware.
- Gastro-esophageal Reflux Disease - Digestive disorder, children will have a management/care plan in place.
- Hemophilia- This is a blood disorder and these children will need an ambulance to be called if they suffer any cuts or injuries, which cause excessive bleeding.
- Hypertrophic Cardiomyopathy – condition where the heart is unable to pump effectively because the hearts muscular wall becomes stiffened - Children will have a specialist care plan in place (if agreed upon with school nurse)
- Asthma – children will need access to an inhaler when they have shortness of breath or difficulty breathing. The school's policy is that 2 inhalers are kept at school, one in the classroom and one in the

office. If children do not have two inhalers this has been agreed with parents. The central register and care plan details the location of inhalers.

- Renal Disease – Children will have a specialist care plan in place and staff will receive relevant training.
- Eczema – children may require a special cream stored in the school or on person to relieve itching and discomfort.

7. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Jane Nash(AHT/SENCO) who will manage the work of Ayesha Sahebodin (medical needs officer and first aider)

Plans will be reviewed at least annually or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, and any specialist nurses, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the allocated school staff: Jane Nash (AHT/SENCO) and Ayesha (Medical needs officer) for IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil'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 corridors, travel time between lessons
- 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 or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will 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 pupil'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 pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

8. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Despite Covid 19, children should have easy access to their medication at all times and must be permitted to get medication when needed. Staff may wear gloves if required to hand over medication.

Spare Auto Adrenaline Injectors and Asthma Inhalers (including disposable spacers) are kept in the school office, which is readily available for trained staff to administer.

Medicines will be returned to parents to arrange for safe disposal when no longer required.

Where parents have given written permission to administer medication for a short term illness and where a care plan is not required e.g. penicillin, this will be recorded and dated in the medicine log book.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept according to the advice given by the nurse and agreed in the care plan. Staff who are trained to administer insulin will be made clear about procedures for recording and this will be part of the care plan.

Storage in classroom or office out of the reach of children and administered according to agreed care plan.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Delay in dealing with the medical emergency, including administering medication or making any necessary physical contact with a child, due to their own concerns regarding Covid safety or social distancing.
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

The medic will always need to be made aware of children's medical conditions

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with Jane Nash and Ayesha Sahebodin and training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils in accordance to the IHCP. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place, which includes the central data base (google docs) and any care plans are emailed to the relevant member of staff.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

As a part of the New Vision Multi- academy Trust Elmhurst Primary is a member of the RPA (Risk Protection Agency) through which we have unlimited Employers liability, third party public liability and professional indemnity.

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Jane Nash (Assistant Head Teacher) in the first instance. If she is unable to resolve the matter, parents will be directed to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board annually.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan

- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition

