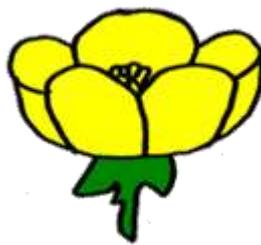


Committee	Resource Matters
Next Review	Spring 2016
Duration	1 year
Approved FGB	Spring 2015

Goldfield Infants' and Nursery School

Supporting Pupils with Medical Conditions Policy



Statement of Intent

- Goldfield is an inclusive community that supports and welcomes pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- Staff will listen to the views of pupils and parents/carers/carers.
- It is our intent that pupils and parents/carers feel confident in the care they receive and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
 - All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school & local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs, Our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) 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 SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

This policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings. These will always include: pupils, parent/carers, and school staff. These may also include: governors, the school nurse and relevant local health specialist services.

This policy is supported by a clear communication plan for staff, parent/carers/carers and other key stakeholders to ensure its full implementation.

This policy is regularly reviewed, evaluated and updated. Updates are produced every year. In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents/carers, school staff and governors. Where appropriate, school nurses, specialist nurses and other relevant healthcare professionals and local emergency care services will also be consulted. Should parents and pupils be dissatisfied with the support provided they should discuss these concerns to the Headteacher.

Designated Staff

The named members of school staff responsible for this medical conditions policy and its implementation are: **Debbie Stevens (Head Teacher) and Anne Nolan (Senco/ Assistant Head)**. These members of staff will also be responsible for ensuring that sufficient staff are suitably trained in First Aid. In addition Anne Nolan is responsible for ensuring that Individual Healthcare Plans are kept up to date and that relevant information is available to all staff.

In the case of children who need daily medication, several members of staff are to be made aware of the child's needs to ensure any staff absences are covered. This may include the class teacher, the regular teaching assistant, midday supervisors and a member of the Senior Leadership Team.

Copies of Care Plans are to be available in class and Supply Teachers are to be notified of details of children who may require medical assistance.

The governing body are responsible for maintaining the appropriate level of insurance and liability cover in place.¹

Other key roles and responsibilities are outlined in Appendix 2.

Training and Individual Healthcare Plans

All staff understand and are trained in the school's general emergency procedures and are trained in what to do in an emergency for children with specific medical conditions. All school staff are aware of the medical conditions at this school and have access to health care plans, which state what to do in an emergency. Supply staffs have access to health care plans for pupils in the class they are covering. Staff receive training in how to administer epipens this is refreshed at least once a year. Advice on other conditions will be sought, as necessary.

All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required in school have an individual healthcare plan (IHP)², which explains what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Copies are available in a folder on the shelf in the medical room. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

¹ For school's covered by HCC's insurance where an IHCP is in place; parents have consented for the school to administer medication / meet other support needs as part of that plan; trained staff undertake these support needs and record keeping in relation to administration is robust then liability cover would be in place for common treatments administered by staff. (e.g. in relation to oral medication, inhalers, epi-pens, pre-packaged doses via injection etc.)

The insurance section have a detailed list of treatments which are covered, if you have pupils with significant medical needs contact insurance@hertfordshire.gov.uk or by phone on 01992 555480 for further advice and to ensure coverage.

Where schools are not covered by HCC's insurance they should check with their own insurers.

² See appendix A for an example template.

All staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly. Temporary or supply staff will be informed of specific needs as necessary and IHPs are posted in teachers' cupboards. School nurses will provide annual training for allergies, and use of Epipens. Advice will be sought on epilepsy and diabetes as needed.³

The school will ensure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.

This school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom parental consent for its use has been obtained. (see appendix 3 for further information)

If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

Care, support and administering medication at school.

- All staff understand the importance of medication being taken and care received as detailed in the pupil's IHP. This care may include having access to drinks, snacks or frequent toilet breaks to manage their condition more effectively. Staff will be informed to allow these conditions.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so. For children without an IHP, only medication prescribed by a doctor, which requires at least four doses a day, will be administered. The school will ensure that no parent will feel obligated to attend school and administer proscribed medication, when arrangements can be put in place in school.
- The senior leadership team will ensure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes ensuring that a child who becomes ill is supervised at all times. In the event that escort staff for home to school transport is necessary, these staff should also be made aware of a child's IHP, especially in respect of emergency situations.
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances.
- Trip leaders will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit.
- Parents/carers are reminded that they should let the school know immediately if their child's needs change.

³ For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in schools the Paediatric Diabetes Team will provide this level of training and education.

Storage of medication and equipment at school.

- All staff understand what constitutes an emergency for an individual child through the Individual Healthcare Plans. Emergency medication/equipment, eg asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away. For children in the main school medication and equipment are kept in the medical room. For Nursery children, these are kept in the Nursery, on a high shelf out of the reach of children.
- Due to the young age of our pupils, we do not allow them to carry their own medication, however they do know exactly where to access it and are encouraged to let staff know if they need it.
- In the event of a pupil needing controlled drugs, school will store the drugs securely in a non-portable container, with only staff having access. Staff can administer a controlled drug to a pupil once they have had specialist training.
- Staff will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes or book bags.
- This school will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- Disposal of needles, for example in an epipen, will be left to paramedics and will be kept secure until the paramedics arrive.

Record keeping.

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- Where necessary an IHP is used to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHP, if this is relevant to their condition. Appendix 2 is used to identify and agree the support a child needs and the development of an IHP.
- Anne Nolan is responsible for maintaining a centralised register of IHPs.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- Parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- A pupil's confidentiality will be protected and the school will seek permission from parents/carers before sharing any medical information with any external agency.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

Inclusion and School Visits

This school makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided. The staff and governing body are committed to ensuring that the whole school environment is inclusive and favourable to pupils with medical conditions and pupils and parent/carers are consulted to ensure this accessibility. No child will be prevented from staying for normal school activities, including lunch, unless this is specified in their IHP.

Staff make sure the needs of pupils with medical conditions are adequately considered to enable their involvement in structured and unstructured activities, extended school activities and off-site visits. This may include medication, equipment of additional food. The school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.

This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. So, a pupil will not be penalised for their attendance if their absences relate to their medical condition. In addition, the class teacher will refer pupils with medical conditions who are finding it difficult to keep up educationally, to the SENCO/INCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.

Risk assessments are carried out before each school trip. The teacher in charge of the trip will ensure that the needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

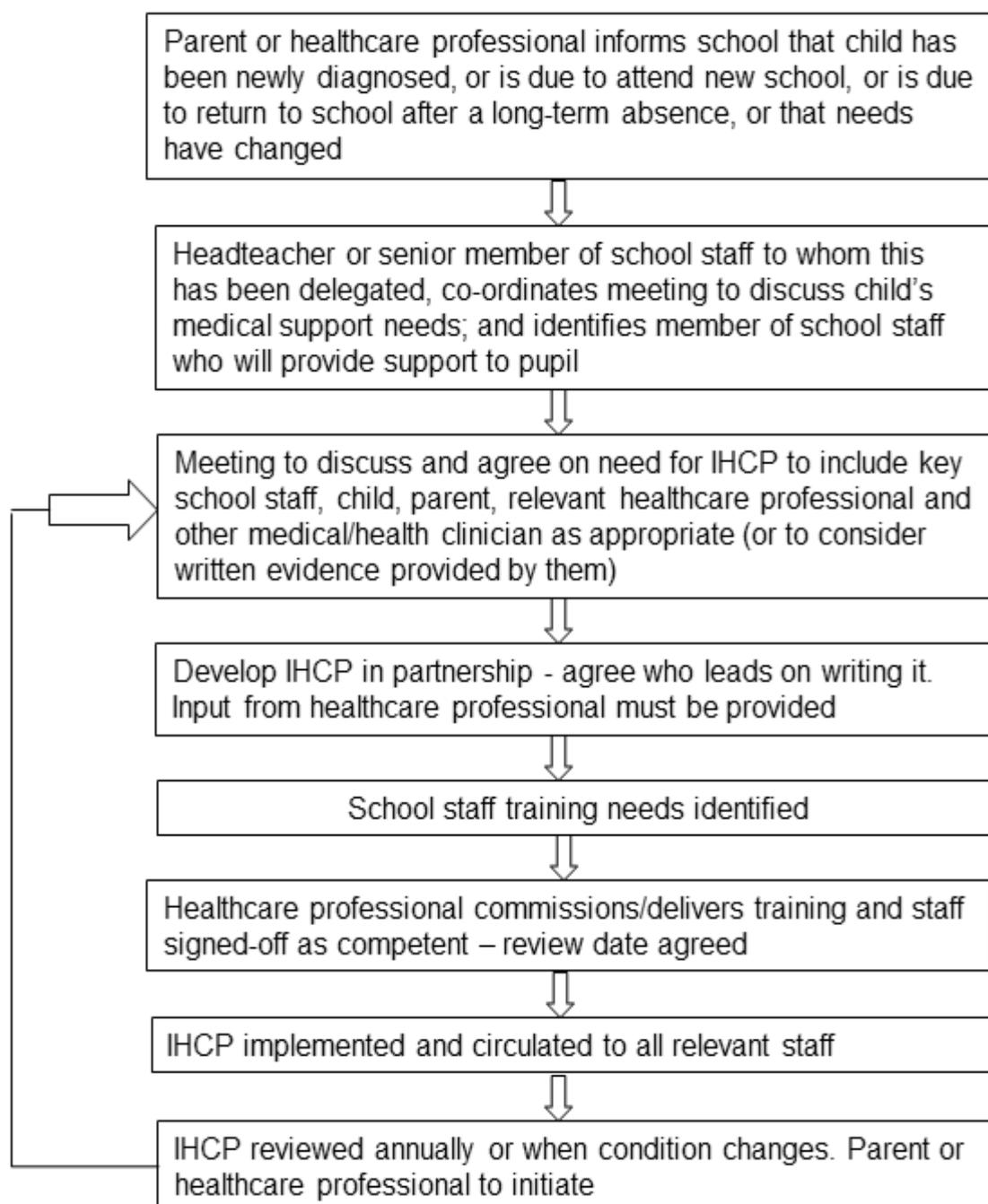
Reducing Triggers

Wherever possible known triggers that can make an individual's medical condition worse or can bring on an emergency will be included in that child's IHP. The school is actively working towards reducing or eliminating these health and safety risks. School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.

When an emergency does occur, the school will review the incident to see how – or if - it could have been avoided, and will change school policy according to these reviews.

Appendix 1

Model process for developing individual healthcare plans



Appendix 2

Roles and responsibilities

Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Head teacher – should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Head teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. Head teachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child 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.

School staff – 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. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurse – every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school nurse and work jointly when a child has been identified as having a medical condition that will require support at school. They may provide advice on

developing healthcare plans. Anyone dealing with the medical care of a pupil in school should contact the named school nurse for that school to ensure a coordinated approach.

Pupils – with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Appendix 3

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupils IHP.

Parents/carers will be informed if their child has used the emergency inhaler.

The school's two volunteers for ensuring this protocol is followed are **Debbie Stevens and Anne Nolan**. Appropriate support and training has been provided in line with the school's policy on supporting pupils with medical conditions.