

Policy and Procedure: Supporting Pupils at School with Medical Conditions (including First Aid)

Date of Board Approval: May 2019

Review date: February 2022

Introduction

The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.

Where children have a disability, the requirements of Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.

All children have a right to access the full curriculum, adapted to their medical needs and to receive the ongoing support, medicines or care that they require at school to help them manage their condition and keep them well.

We recognise that medical conditions may impact upon social and emotional development as well as having educational implications.

Our school will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with medical condition.

Roles and Responsibilities

The Principal is the person responsible for children with medical conditions. Their role includes:

- Informing relevant staff of medical conditions
- Arranging training for identified staff (a first aid certificate does not constitute appropriate training)
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans
- Working together with parents, pupils, healthcare professionals and other agencies
- Contacting the school nurse where a child's medical condition may need support

The Principal is also responsible for:

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured

Teachers and Support staff are responsible for:

- The day to day management of the medical conditions of children they work with, in line with training received and set out in IHPS
- Working with the Principal, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

The Administrator is responsible for administering medication. In her absence the Assistant Principal will take responsibility.

Procedure when Notification is received that a Pupil has a Medical Condition

The Principal will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child. Where appropriate, an Individual Healthcare Plan will be drawn up. Appendix A outlines the process for developing individual healthcare plans.

Individual Healthcare Plans (IHCPs)

An IHCP will be written for pupils with a medical condition that is long term and complex. It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their IHCP. IHCP will be reviewed annually, or earlier if evidence is provided that a child's needs have changed.

Managing Medicines and Administration

Written consent from parents must be received before School will administer any medicine to a child at school.

Medicines will be accepted for administration if they are:

1. Prescribed
2. In date
3. Labelled
4. Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage
5. The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container
6. Non-prescribed medicines will be considered for administration if aspirin free, where safe, reasonable and with written parental consent

Medicines are stored safely. Children should know where their medicines are at all times. Written records will be kept of all medicines administered to children and kept in the main office.

Emergency Procedures

A copy of the following information will be displayed in the school office:

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked
 1. The school's telephone number: 0113 887 3680
 2. Your name
 3. Your location: (Fir Tree Rise, Alwoodley, Leeds, LS17 7EZ)
 4. Provide the exact location of the patient within the school
 5. Provide the name of the child and a brief description of their symptoms
 6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient

School will contact the parents to inform them of the situation. A member of staff with First Aid Qualifications should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance. Staff should not authorise treatment, it is a decision to be made by medically-qualified staff.

Off-Site Visits & Extra-Curricular Activities

Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities beyond the usual curriculum.

When carrying out risk assessments, parents/carers, pupils and healthcare professions will be consulted where appropriate.

Unacceptable Practice

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner:

- Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assuming that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- Sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable

- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

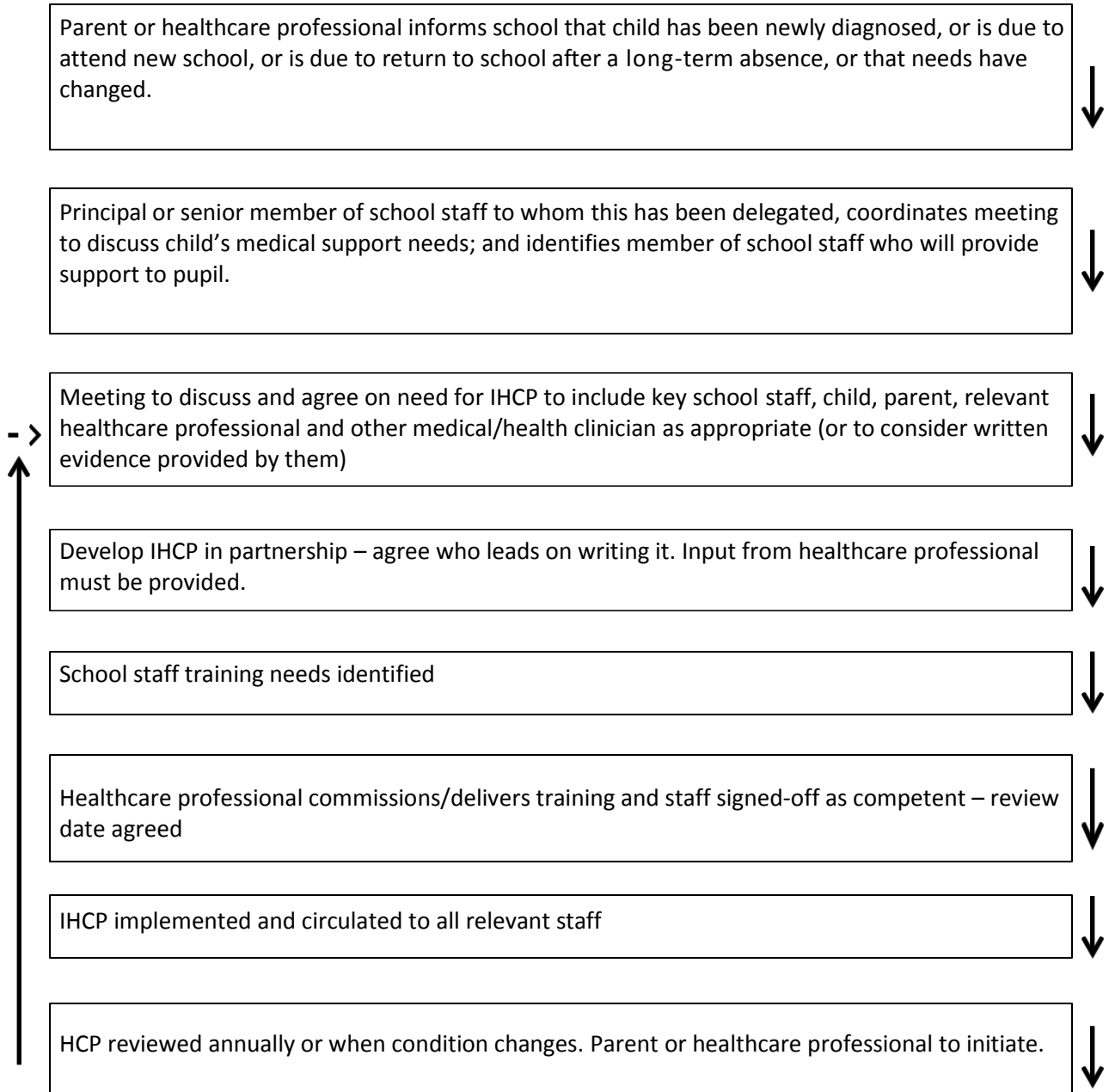
Signed by: *Harnek Singh*

Date: *16/05/2019*

Harnek Singh, Chair of Trustees

APPENDIX 1

Model process for developing individual healthcare plans



Individual Healthcare Plan

| | |
|--------------------------------|--|
| Name of school/setting | |
| Child's name | |
| Group/Class/Form | |
| D.O.B | |
| Child's address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

Family Contact Information

| | |
|-----------------------|--|
| Name | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |
| Name | |
| Relationship to child | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |

Clinic/Hospital Contact

| | |
|-----------|--|
| Name | |
| Phone no. | |

G.P

| | |
|-----------|--|
| Name | |
| Phone no. | |

Who is responsible for providing support in school

| |
|--|
| |
|--|

| | |
|---|--|
| Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc. | |
|---|--|

| | |
|--|--|
| Name of medication, dose, method of administration, when to be taken, side effects, contra---indications, administered by/self-administered with/without supervision | |
| Daily care requirements | |
| Specific support for the pupil's educational, social and emotional needs | |
| Arrangements for school visits/trips etc. | |
| Other information | |
| Describe what constitutes an emergency, and the action to take if this occurs | |
| Who is responsible in an emergency <i>(state if different for off-site activities)</i> | |
| Plan developed with | |
| Staff training needed/undertaken – who, what, when | |
| Form copied to | |

APPENDIX 2

Parental Agreement for School to Administer Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

| | |
|------------------------------|--|
| Name of child | |
| D.O.B | |
| Class | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine (<i>as described on the container</i>) | |
| Expiry date | |
| Dosage method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting need to know about | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

| | |
|---|--------------------------|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| I understand that I must deliver the medicine personally to | (agreed member of staff) |

| | |
|---|--|
| Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc. | |
| Daily care requirements | |
| Specific support for the pupil's educational, social and emotional needs | |
| Arrangements for school visits/trips etc. | |
| Other information | |
| Describe what constitutes an emergency, and the action to take if this occurs | |
| Who are main contacts: | 1. Name Telephone 2. Name Telephone |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Print name _____

Record of Medicine

Administered to an Individual Child

| | |
|----------------------------------|--|
| Name of child | |
| Date medicine provided by parent | |
| Class | |
| Quantity received | |
| Name and strength of medicine | |
| Expiry date | |
| Quantity returned | |
| Dose and frequency of medicine | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff Signature | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff Initials | | | |

Staff Training Record – Administration of Medicines

| | |
|----------------------------|--|
| Name of school/setting | |
| Name | |
| Type of training received | |
| Date of training completed | |
| Training provided by | |
| Profession and title | |

I confirm that (name of member of staff) has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (name of member of staff).

Trainer's signature_____

Print name_____

Date _____

I confirm that I have received the training detailed above.

Staff signature_____

Print name_____

Date_____

Suggested review date_____

Contacting Emergency Services

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number (0113 887 3680)
2. Your name
3. Your location as follows (KSA Primary, Fir Tree Rise, Alwoodley, Leeds, LS17 7EZ)
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone

Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgments about how your child's medical conditions impacts on their ability to participate fully in school life. The level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for [DAY/DATE/TIME]. I hope that this is convenient for you and I would be grateful if you could confirm whether you are able to attend.

The meeting will involve (NAME WHO). Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at this meeting. Please can you do this as soon as possible.

If you are unable to attend, it would be helpful if could complete the attached individual healthcare plan template and return it to the school, together with any relevant evidence, for consideration at the meeting. Please do not hesitate to contact me if you require any further information.

Yours sincerely,

Principal