



Paston Ridings Primary School

Supporting Pupils with Medical Conditions

(including the administration of
medication)

Status	Statutory
Date approved	Reviewed March 2021
Date of next Review	March 2022 or earlier if updated documentation published

MEDICAL CARE IN SCHOOL DURING COVID-19

In addition to the existing Intimate care guidelines outlined in this policy, intimate care practices during Covid-19 will also adhere to the following:

- All staff involved in medical care will be will have access to a personal protective equipment care pack containing:
 - apron
 - face mask
 - hand sanitizer
 - visor
 - gloves
- Staff are not to support with medical care without wearing the appropriate PPE
- PPE will be stored in the first aid room, packs in all classrooms, first aid bumbags
- Any equipment used will be double bagged and disposed of in a lidded bin

Paston Ridings Primary School staff will be following all government guidelines including:

<https://www.gov.uk/government/publications/safe-working-in-education-childcare-and-childrens-social-care/safe-working-in-education-childcare-and-childrens-social-care-settings-including-the-use-of-personal-protective-equipment-ppe>

Should there be a rise in coronavirus cases in the local area, very medically vulnerable children may be advised to shield again and these names will be kept on the NHS Shielded Patient List. Parents are advised that they must share this information with the school. Any absences will be managed as outlined in the policy with additional opportunities for distanced learning.

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

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Part 1 – Strategic Policy Statement

a. Introduction

At Paston Ridings Primary School, children with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential and that they can access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well (Individual Healthcare Plan IHCP Appendix 1). Others may require monitoring and interventions in emergency circumstances. We recognise that each child's needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will focus on giving pupils and their parents every confidence in the school's approach.

We recognise that some children who require support with their medical conditions may also have special educational needs and may have a statement or Education Healthcare Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority. Sometimes it may be necessary for flexible working and may for example, involve a combination of attendance at school and alternative provision.

School admissions are conducted by Peterborough City Council. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

In forming this policy the Governing Body have taken into account guidance from the following:

- Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', December 2015 (This statutory guidance also refers to other specific laws.)
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs Code of Practice
- Other school policies, such as Child Protection, Equal Opportunities, Behaviour, Intimate Care, Special Educational Needs and Critical Incident Procedures.

b. Governing Body Policy statement

The Governing Body expect that the Headteacher will –

- Ensure that the Supporting Pupils with Medical Conditions Policy is developed and effectively implemented in co-operation with external agencies and that all staff are aware of the policy and that they understand their roles in implementing the policy.
- Ensure that all staff who need to know, are aware of a child's condition.
- Ensure that sufficient numbers of suitably trained staff are available to implement the policy and deliver against all the individual healthcare plans, including in contingency and emergency situations.
- Have overall responsibility for ensuring the provision and development of individual healthcare plans.
- Ensure that all staff are appropriately insured to support pupils in this way.
- Liaise with medical staff in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school medical service.
- Ensure that individual healthcare plans are monitored frequently.
- Arrange for appropriate risk assessment to be made for educational visits and other school activities outside the normal timetable
- ensure that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff in providing support to pupils with medical conditions.

d. Monitoring and evaluation

This policy will be monitored and evaluated by the Resources Committee on behalf of the full governing body. The policy will be reviewed annually.

From time to time, the school may need to review the level of insurance cover for health care procedures and any associated related training requirements.

Part 2 - Operational Guidance

a. School Staff

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

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.

b. Pupils

Pupils with medical conditions may be best placed to provide information about how their condition affects them. They should be 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 children will often be sensitive to the needs of those with medical conditions.

c. Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Parents/carers are required to give the following information about their student's long term medical needs and to update it at the start of each school year:

- (a)** Details of student's medical needs;
- (b)** Medication, including any side effects;
- (c)** Allergies;
- (d)** Name of GP/consultants;
- (e)** Special requirements eg. dietary needs, pre-activity precautions;
- (f)** What to do and who to contact in an emergency;
- (g)** Cultural and religious views regarding medical care.

The parents of pupils at Paston Ridings Primary School are seen as key partners and they will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents should carry out the 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.

No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A **Parental consent for a child to receive medication in school (Appendix 2)** must be completed

d. Local Authority

The Local Authority has a duty to commission a school nurse service to this school

e. Staff training and support

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provide by the school nurse service.

Other training may involve on-site or off-site provision. Parents will be asked to supply specific

advice and then this will be reinforced with healthcare professional advice.

All staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident enough to deliver the support.

It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions.

The Supporting Pupils with Medical Conditions Policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

f. The child's role in managing their own medical needs

Children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

g. Managing medicines on school premises

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. Where this is not possible, the following will apply:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parent's written consent (Appendix 2) – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. Parents will complete a Parental Consent for a Child to Use and Inhaler in School form (Appendix 3) if it is possible that a child will need to use an inhaler during the school day.
- Non-prescription medicines will be administered by parents, should they be needed during the school day. For the administering of non-prescription medicines during an educational visit, parents should provide written consent.
- No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.
- 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 exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines will be stored safely and securely. This will be in the First Aid Room, in a locked cupboard or fridge. Some medicines may be stored securely in classroom cupboards.

Children who need to access their medicines immediately, such as those requiring asthma inhalers, will be shown where they are. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff.

- If any drug has been prescribed, it will be kept securely and stored in a non- portable container. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- Any member of staff giving medicine to a student should check on each occasion:
 - (a) Name of student
 - (b) Prescribed dose
 - (c) Expiry date
 - (d) Written instructions provided by the parents/carers or doctor
- Written records will be kept of all medicines administered to children and parents will be informed if their child has been unwell at school. Staff will complete and sign the record sheet (Appendix 4) each time medication is given to a student and these will be kept in the school office. The sheets will record the following:
 - (a) Name of student
 - (b) Name of medicine
 - (c) Dose
 - (d) Date and time of administration
 - (e) Who supervised the administration

h. Managing unexpected injury

A child who has had an injury must undertake a risk assessment, with a member of staff and their parent / carer, before starting their school day. The risk assessment will record what the child can and can't do, arrangements for necessary medication and any alterations that may need to be made to ensure that the child can safely be in school.

A Risk Assessment proforma will be used for each injury and will be updated regularly, with the parent and child, to ensure that the most up to date information is held by school to support the safety of that pupil.

A copy of the risk assessment form will be held in the office, will be given to the class teacher, TA and may be emailed to SLT. Staff are expected to sign the risk assessment or reply to the email to indicate that they understand the necessary adaptations. See appendix 6.

i. Emergency procedures

A child's individual healthcare plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms

and procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

j. Critical Incident Response Procedures

If an emergency intervention has been prescribed for a child e.g. epipen, this should be stored in a secure location in close proximity to the child e.g. classroom cupboard. In the event of evacuation, the medication must be retrieved by an adult and taken out of the classroom with the child.

An asthma inhaler will be kept in Emergency Grab bag A and will be taken out of school as part of evacuation procedures.

k. Educational visits and sporting activities

The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

l. Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare 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 child or their parents; 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 healthcare plans;
- If the 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 eg. 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 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; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits, e. by requiring parents to accompany the child.

m. The Use of Salbutamol Asthma Inhalers for Emergency Use

There are 2 Salbutamol Asthma inhalers kept in the First Aid room within school for use in an emergency.

One of these inhalers is to be taken as part of the standard first aid kit when a class / year group is participating in an offsite visit. The inhaler is to be signed in and out of the first aid room. See Appendix 5 for Government Guidance.

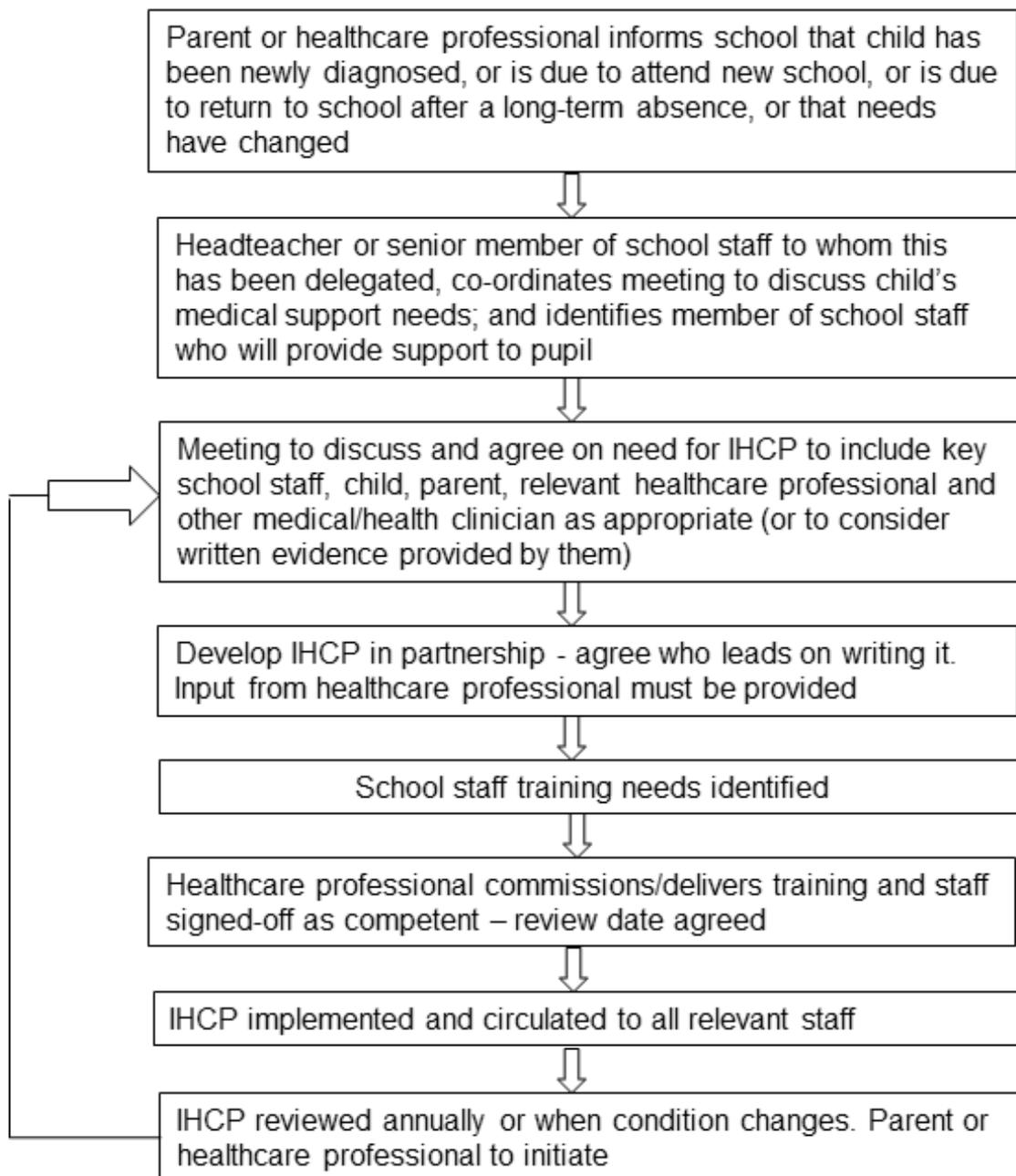
n. Complaints

Parents who are dissatisfied with the support provided should discuss their concerns with the child's class teacher in the first instance. If for whatever reason this does not resolve the issue, they should discuss the matter with the Headteacher. Only if this does not resolve the matter, should they then make a formal complaint using the school's complaints procedure.

o. Other related policies

- Pupil illness
- Whole School Equality
- Special Educational Needs
- Safeguarding
- Intimate care

Appendix 1 - Model process for developing individual healthcare plans



Appendix 6:

Appendix 6: Paston Ridings Risk Assessment Child with medical needs (injury/cast/crutches/wheelchair – please circle relevant)			
Child's name:		Class:	
Hazards/issue	Risk of harm to x?	Measures to reduce level of risk	Monitoring/additional info
Is the child fit to be in school? Management of pain levels?	If child is not fit for school.		
Aids to support child – crutches/wheelchair	Risk to other children Risk to child using crutches if not competent in their use		
School environment – stairs, trip risk	Risk of falling over and aggravating injury No stairs in school		
School learning activities/lunchtime– eg PE, school trips	Risk of falling over and aggravating injury Risk of overexertion		
Emergency evacuation of school – check travel time to fire exit			
Risk assessment completed by: Parent: Date:		RA to be shared with: classteacher, TA, HT, SENCO, DHT, A HT, Tm L All parties are responsible for communicating any changes or issues related to ra to enable risk assessment to be kept up-to-date.	