

# DISLEY PRIMARY SCHOOL

**'PROUD TO BELONG'**



## **SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY**

Approved by	Jake Nicklin	Date: Feb 24
	Governors	Date: Feb 24
Last review	May 24	
Next review	Feb 2025	

# Disley Primary School

## Policy for Supporting Pupils With Medical Needs

### **Children with Medical Needs**

Disley Primary School is an inclusive school; we recognise that children with medical needs have the same rights of admission to a school or setting as other children. We are committed to ensuring that children with medical needs receive proper care and support enabling them to participate in all activities appropriate to their own abilities.

This policy and procedures have been drawn up to ensure that children with medical needs are properly cared for and supported while at Disley Primary School.

Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a longer basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a daily need for inhalers and additional doses during an attack. Most children with medical needs can attend school regularly and take part in normal activities, sometimes with support. However some staff may need to take extra care in supervising some activities to make sure that these children and others are not put at risk.

### **Named members of Staff responsible**

Headteacher/person responsible for implementing this policy – Mr Jake Nicklin

Mr Nicklin is responsible for ensuring that the recommended number of staff have relevant First Aid training, which is kept up-to-date. When the nominated First Aider is not in school, a deputy will be assigned to that role.

SENCO: Mrs Louise Carberry

### **School First Aiders**

School First Aiders			
Name	First aid qualification	Date Completed	Renewal Date
Mrs. F Bennett Nominated First Aider	Emergency First Aid at work	7/09/2023	6/09/2026
Mr. D Henderson	First Aid at work	25/01/2023	24/01/2026
Mrs. N Broome	First Aid at work	25/01/2023	24/01/2026

Mrs A. Heywood-Brown	Full Paediatric First Aid and Emergency first aid at work	30/09/2022	29/09/2025
Mrs. H Stead	Full Paediatric First Aid and Emergency first aid at work	25/02/2023	24/02/2026
Mrs. G Marshall	Full Paediatric First Aid and Emergency first aid at work	25/02/2023	24/02/2026
Mrs. M Power	Paediatric First Aid Level 3	03/12/2022	02/12/2025
Miss. C Connor (Club DP)	Paediatric First Aid Level 3	15/01/2022	14/01/2025
Mrs. R Adamson	Mental Health First Aider	28/03/2023	27/03/2026
Mrs. F Bennett	Mental Health First Aider	22/03/2023	21/03/2026
Mrs A. Heywood-Brown	Mental Health First Aider	18/05/2022	17/05/2025

### **Parents and Carers role**

Parent/carers have the prime responsibility for their child's health and should provide school with information about their child's medical condition. If the child has a long-term medical need, it is the parents' responsibility to inform school, who will then ask them to complete an Individual Healthcare Plan. Parents are responsible for informing school of any changes to the child's medical needs. Any changes to a child's medical needs would be recorded on their IHCP.

This includes any children who have any on-going medical conditions e.g. hay-fever, asthma etc. Staff will be made aware of any children with Individual Healthcare Plan e.g. displaying the child's photograph in the medical room if appropriate.

### **The Individual Healthcare Plan**

Once the school has been informed of a child's medical condition, the parent will be asked to complete the Individual Healthcare Plan. With more complex needs, the SENCO will arrange to meet with parents and where possible a medical professional to devise an Individual Healthcare Plan. (See copy in Appendix)

#### What the Individual Healthcare Plan will do:

- Identify the medical condition of the child, its triggers, signs, symptoms and treatments.
- Address pupils resulting needs, including medication, treatments, time, facilities equipment, dietary requirements and environmental issues e.g. crowded corridors.

- Specify support for educational, social and emotional needs e.g. considering how absence will be managed, requirements for exams, additional support, counselling etc.
- The level of support needed including that required in the event of emergencies.
- Children able to self-medicate will be identified and appropriate written arrangements will be given for monitoring this.
- Specify who will provide the support including expectations of the role, proficiency and training needs if appropriate, with relevant timelines for ensuring competence.
- Who in the school needs to be aware of the child's condition and the support required?
- Identify arrangements for written permission from parents and the head teacher for medication to be administered by the school's identified First Aider or self-administered by the pupil.
- It will identify separate arrangements required for school trips.
- It will outline what to do in an emergency

The IHCP will be monitored and reviewed as appropriate i.e if the child's medical needs change or parents inform school of any change in medication.

### **Prescribed Drugs**

There is no legal duty that requires school or setting staff to administer medicines. Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Disley Primary School staff will only accept medicines that have been prescribed by a doctor; dentist, nurse prescriber or pharmacist prescriber. **Medicines should always be provided in the original container as dispensed by a pharmacist and must include the prescriber's instructions for administration.**

**School will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. **It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime so it would not be normal practice for school to administer such medicines.**

The Medicines Standards of the National Service Framework for Children (Dept. of Health/DfES 2004) recommends that a range of options are explored including:

- Prescribers using the medicines which need to be administered only once or twice daily (where appropriate) for children so that they can be administered outside school hours
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for

home and one for school thereby avoiding the need for repackaging or relabeling of medicines by parents.

### **Non-Prescribed Medicines**

**The only non-prescribed medicine Disley Primary School will administer is Calpol and Hayfever/allergy relief.** Parents will need to fill in an administering medication form and sign to confirm they are happy for the school to administer. Disley Primary School will not administer any other non-prescribed medications due to potential reactions.

### **Exceptional circumstances**

In exceptional circumstances where a child may have a temperature and the parent/guardian cannot get to school in a timely manner, a parent/carer can give verbal consent to administer paracetamol such as Calpol, if it is deemed paracetamol such as Calpol can regulate the temperature. Paracetamol such as Calpol **will not** be administered without verbal consent. Forms will be filled in as normal and the parent/carer will be asked to sign upon collection.

### **Administering Medicines**

**Before giving medication to a child, written agreement MUST have been received from the parent.** This agreement will include the child's name, the name of the medication, the required dose and agreed time of administration **(Parents/carers must complete the School Medical Form)**. **This form is kept in the Medical file in the medical room.**

Parent/carers should bring the medication into school and hand it to the office staff whereby they will direct parents to fill in the medical form. Office staff will then inform Mrs Bennett. Office staff will then place the medicine in the top shelf of the fridge and fill in the child's name on the whiteboard in the staffroom where children have no access. All such medicines must be placed in sealed plastic containers to separate them from food products. Staff will only accept medication that is in its original labelled container. **Children must not be sent to school with their own medicine as this poses a health and safety risk to other children**

Medicine will be administered by Mrs Bennett, Mrs Stone or Mrs Ryder and will be witnessed by another member of staff, who will both sign the medical form to cover the fact that the medicine has been administered.

Some emergency medication such as Epi-pens will be stored in the Head teacher's room to allow for quick access. Each child with an Epi-pen will have a plastic container with a photograph on the top to allow for quick recognition. The box will contain the pen and appropriate protocol agreed with the parent and school nurse. It is the parent/carers responsibility to check that Epi-pens are not out of date. All staff are trained annually to administer an Epi-pen in an emergency. Epi-pens must accompany children on all off site activities. Photos of children with Epi-pens will be displayed in the medical room, which can be locked, to ensure supply staff, are aware of those children who could be vulnerable.

Children should have access to inhalers at all times. Parents should ensure that inhalers are clearly named.

It is not part of a teacher's statutory duties to administer medication so this is the responsibility of the head teacher who may delegate it as explained above. Before administering medication the staff member will:

- Wash their hands
- Check the name of the child
- Ensure that a drink is available if appropriate
- Check the label on the medication, name of the child, dose, route of administration, and any special instructions and expiry date.

If a child refuses the medication they will not be forced and parents will be informed.

### **Early Years**

In line with the specific legal guidance requirements outlined in the 'Statutory Framework for the Foundation Stage' 2007, a record will be kept of all medicines administered to children in the Foundation Stage class on the reverse of the School Medical Form completed by the parent/carer. This procedure is exactly the same as any child in the school as explained earlier in this policy.

### **Educational Visits**

As an inclusive school we encourage all children to participate in safely managed visits. When the risk assessment is undertaken staff will identify any reasonable adjustments that need to be made in order for children with medical conditions to participate. Arrangements for taking any necessary medication will also be arranged. If staff are concerned about whether they can provide for a child's safety, or the safety of other children while on the trip they should seek parental views and medical advice.

### **Sporting Activities**

Most children with medical conditions can take part in physical activities. Staff will take into account the need to adapt activities to meet the needs of all children. All staff will be aware of issues of privacy and dignity for children with particular needs. Some children will need to take precautionary measure before or during exercise and need to be allowed access to medicines such as inhalers.

### **Staff Training**

All staff are trained annually to be aware of the needs of asthmatic children and to administer Epi-pens. Should staff need specific guidance in order to meet the needs of an individual pupil, guidance would be sought from the school nurse.

Staff have also received training from the diabetic nurse. Supply staff will be made aware of any child who requires medication. Guidance on how the school deals with medicines can be found in the Handbook for Supply Staff.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date expired medicines are returned to the pharmacy for safe disposal. They should also collect medicines at the end of each term.

### **Residential visits**

On occasion it may be necessary for the school/centre to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a cold, sore throat while away on an Educational Visit. In this instance the school's Residential medical form will provide an "if needed" authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Council's Insurance and Legal Sections.

### **Intimate Care**

Some medical intervention will be of an intimate nature. This will be handled sensitively by the school. The management of all children with intimate care needs will be carefully planned. The child who requires care will be treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Moving and Handling) and are fully aware of best practice. (Suitable equipment and facilities will be provided to assist children who need special arrangements following assessment from physiotherapist/occupational therapist.)

Staff will encourage each child to do as much for him/herself as they are able.

### **First Aid**

Our nominated First Aiders deal with any injuries during the school day. Their training is kept up-to-date and a record is kept in the Medical book near the First Aid cupboard in the staffroom.

Head bumps are recorded and a note is sent home to parents to inform them. Other minor injuries are recorded on a sheet which identifies where the accident took place and what the injury to the child was. Staff may phone a parent to inform them of a head bump or minor injury if the First Aider feels it necessary to do so.

More serious accidents are recorded on the PRIME system, which is monitored by the Cheshire East Health and Safety team.

All records of accidents are kept in the Medical File in the First Aid area for ease of reference.

### **The Governing Body**

The governing body will be made aware of this policy and its role in being responsible for its implementation along with the Head and SEND Coordinator. The governing body will review this policy every two years.

### **The Head Teacher and SENDCo**

The Head Teacher will ensure that all staff receive appropriate support and training and are aware of this policy. Likewise the Head Teacher or SENDCo will inform the parents of the policy and its implications for them. In all complex cases the Head Teacher will liaise with the parents and where parent expectation is deemed unreasonable then the Head will seek the advice of the school nurse, or a Cheshire East Health Professional.

### **Teachers and Other Staff**

All staff, including supply teachers, should be aware of the possible medical risks attached to certain pupils. They should be aware of possible emergency action and emergency contacts. Any member of staff agreeing to administer prescribed medicines should be in receipt of appropriate training. The training shall be commensurate with the situation. It is the duty of all staff to be aware of and support the needs of children with medical conditions where necessary.

### **Confidentiality**

We will treat all medical information confidentially within school. The head teacher will agree with the parent/carer who should have information about the medical needs of a child.

### **KEY POINTS**

- THE SCHOOL WILL NOT NORMALLY AND REGULARLY ADMINISTER MEDICINES TO CHILDREN UNLESS THE ABOVE POLICY APPLIES
- ANY STAFF MEMBER ADMINISTERING MEDICINES WILL DO SO WILLINGLY AND WITH APPROPRIATE TRAINING TO ENSURE THE CORRECT LEVEL OF COMPETENCE
- MEDICINES WILL BE NOTIFIED TO THE SCHOOL OFFICE AND KEPT UNDER ITS SUPERVISION. This includes spare asthma relievers and adrenaline pens. The Office will know where these medicines are in school and the asthma register shall be updated annually and as and when new children come to school. Inhalers should be kept in an unlocked cupboard in the classroom with signage to identify it clearly to a supply teacher or TA.

### **FURTHER SOURCES OF INFORMATION**

DfE "Supporting pupils at school with medical conditions" April 2014

Other safeguarding legislation:



**Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

**Section 175 of the Education Act 2002** provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school.

**Section 3 of the Children Act 1989** provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

**Section 17 of the Children Act 1989** gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

**Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote cooperation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

**The NHS Act 2006: Section 3** gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They must not discriminate against, harass or victimise disabled children and young people
- They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

### **OTHER RELEVANT INFORMATION**

**Section 2 of the Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

**Under the Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

**The Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

**Regulation 5 of the School Premises (England) Regulations 2012 (as amended)** provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It must contain a washing facility and be reasonably near to a toilet. It must not be teaching accommodation.

**The Special Educational Needs Code of Practice Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010)** provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.

Links to other information and associated advice, guidance and resources eg templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK