Marsh Green Primary School

Care of Pupils with Medical Conditions

2023-2024

CONTENTS

1. Rationale
1.1 Legislation and Guidance
1.2 Purpose and Aims
1.3 Method of Updating Policy

2. Responsibilities
2.1 Governors
2.2 Leaders
2.3 Staff
2.4 Parents

3. Equal Opportunities

4. Being Notified a Child Has a Medical Condition

5. Individual Healthcare Plans
5.1 When IHPs are Required
5.2 Asthma
5.3 Undiagnosed Medical Conditions

6. Medication Procedures
6.1 When a Health Care Plan is Place
6.2 Asthma
6.3 When a Health Care Plan is not in Place
6.4 Storage of/ Access to Medication
6.5 Non-prescribed Medication

7. Medical Emergencies
7.1 When an ambulance is required
7.2 When emergency medication is required

8. Record Keeping
8.1 After Medication has been given
8.2 Notifying Parents

1. RATIONALE

1.1 LEGISLATION & GUIDANCE

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 (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

1.2 PURPOSE & 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:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

1.3 METHOD OF UPDATING POLICY

The named person with responsibility for implementing this policy is Rebecca Langley (SENDCo), who will update the policy annually or in light of any major concerns/ issues throughout the year. It will be agreed by governors annually and shared with all members of staff.

2. RESPONSIBILITIES

2.1 GOVERNORS

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.

2.2 LEADERS

The senior leadership team 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
- Ensure that all staff who need to know are aware of a child's condition
- 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

2.3 STAFF

- May be asked to support pupils with medical conditions and develop healthcare plans
- Focus on the needs of individuals in ensuring that pupils and parents have confidence in the school's ability to provide effective support
- Ensure children have easy and appropriate access to their medications as needed (including school trips, PE and sporting events, school transport and before and after school clubs)
- Allow pupils themselves to manage their medical condition effectively in line with their individual healthcare plans
- Receive professional training where this is required
- The school accepts that all employees have rights in relation to supporting pupils with medical needs as follows:
  - Choose whether or not they are prepared to be involved
  - Receive training as appropriate and work to clear guidelines
  - Bring to the attention of management any concern or matter relating to supporting pupils with medical conditions

2.4 PARENTS

- The prime responsibility for a child's health lies with the parent
- Parents must provide school with sufficient and up-to-date information about their child's medical needs
- Are encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative
- Parents are responsible for advising or training staff on the administration of prescription medication (in line with the printed advice that accompanies the medication) for long term medical conditions.
- Where parents have asked the school to administer the medication for their child consent will be explicit in the IHP/consent form. (Pupils with asthma will require a separate consent form to be completed, as IHPs are not specifically created for this condition). This ensures that the school is able to comply with the requirement to keep adequate records. The school will only administer essential medication to a child where it would be detrimental to their health not to do so during the school day.
- Medicines must be properly presented by parents through the school office/ class teacher in the original packaging (labelled with the pupil's name) and in line with the IHP/ consent form.

2.5 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.

2.6 SCHOOL NURSES AND OTHER HEALTHCARE PROFESSIONALS

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. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

3. 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.

4. BEING NOTIFIED 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 as soon as possible, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

5. INDIVIDUAL HEALTHCARE PLANS (IHPs)

5.1 WHEN IHPS ARE REQUIRED

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCo.

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 no 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, 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 education, health and care (EHC) plan. If a pupil has SEN but does not have an 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 medical professional, parents and the SENDCo, 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 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

5.2 ASTHMA

IHPs will not be written for pupils whose only medical condition is Asthma; however staff will act under procedures specifically listed in this policy for the care of pupils diagnosed with the condition.

5.3 UNDIAGNOSED CONDITIONS

No IHP will be created unless a condition is diagnosed. If parents are concerned they will be advised to seek medical guidance/ diagnosis and provide supporting documentation before the school is able to make special provision.

4. MEDICATION PROCEDURES

4.1 WHEN A HEALTH CARE PLAN IS PLACE

- Medicines must be in their original labelled containers as supplied by the doctor or pharmacist
- The school will never accept medicines that have been taken out of the container as originally dispensed or make changes to dosages on parental instructions.

4.2 ASTHMA

Where inhalers have been prescribed to children with asthma, they will be kept in the class medical box (see 4.4). They must be labelled with the pupil's name. Parents are responsible for checking that inhalers are in date, not empty and replenish them as required.

4.3 WHEN A HEALTH CARE PLAN IS NOT IN PLACE

- Where possible, parents are asked to administer their child's medicines at home
- If the spacing of doses means that medication needs to be given during the school day and it is not possible to rearrange the timing of this, the child's parent (or nominee) will be asked to come into school to administer the medicine.
- If this is not possible 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
  - 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.
- Medicines will be returned to parents to arrange for safe disposal when no longer required

4.4 STORAGE OF/ ACCESS TO MEDICATION

- Emergency medication (e.g. inhaler and adrenalin pens) will be kept in the child's class medical box, or carried with the child (as per the IHP) and available immediately if required
- Medical Boxes will be stored in plain sight by the external classroom door
- When pupils are on a school trip, their medication is taken with the trip leader and replaced immediately upon return
- All other medication will be kept in the medical bay (main office) inaccessible to pupils
- All medication on the premises must be in the original packaging and labelled clearly with child's name and prescribed method.

4.5 NON-PRESCRIBED MEDICATION

Staff/children are not allowed to self-administer any painkillers, such as Ibuprofen, aspirin or paracetamol. If a child suffers from headache or muscle pain, parents/cares are required to administer any pain relief that the child requires. This will involve the parent/carer coming into school to administer. Children will not self-administer cough sweets, syrup or throat lozenges in school.

Medication which has not been prescribed will not be held on the premises.

4. 6 DISPOSAL OF 'SHARPS'

Marsh Green Primary School adopts practices that minimise the risk to staff, pupils and others coming into contact with sharps.

This section aims to:
• Protect all pupils and members of staff from the danger of exposure to sharps.
• Establish a procedure around the safe handling and disposal of sharps.
• Ensure all members of staff are aware of how and where to dispose of sharps correctly.
• Make members of staff aware of sharps injury and the procedure to follow in the event of an injury.

Safe disposal of sharps
• Ensure that any sharps are disposed of quickly and safely. An item must not be discarded in a manner so as to cause injury to others.
• The user of the sharp object is responsible for disposal of it themselves and must not hand it to anybody else for disposal. It should not be passed from hand to hand.
• The individual should wear gloves while picking up discarded needles.

• Sharps are to be held in the centre of shaft to prevent injury.
• The sharps box should be taken to the needle and not vice-versa.
• Used syringes/needles must not be re-sheathed by hand before disposal.
• All sharps must go directly into a sharps bin. Wherever appropriate, a sharps bin must be provided.
• Report any needlestick injury as soon as possible and seek medical attention.

Sharp boxes
• Sharps should be discarded straight into a sharps box which complies with British Standard 7230.
• The boxes should be marked 'Danger: Contaminated Sharps' and 'Destroy by Incineration'.
• They must be kept off the floor and out of the reach of children.
• At Marsh Green the sharps disposal box is in the first aid room, out of reach of children.
• Parent's/carer's are in charge of the disposal of the box. Sharps boxes used for ongoing medical conditions in individual children will be sealed and collected for disposal by the parent(s).
• Sharps boxes must not be filled above the designated fill line on the outside of the box.
• Once filled, boxes must be sealed immediately and removed by a clinical waste contractor or a specialist collection service (if parents are not able to collect and dispose of the box).

Sharps injury – process and procedure
'Sharps' includes objects or instruments which could potentially cut, prick or cause injury. This includes needles, blades or other medical instruments.

Risks of sharps injury
According to the Health and Safety Executive (HSE), a sharps injury can potentially cause infections such as blood borne viruses (BBV) including Hepatitis B (HBV), Hepatitis C (HCV) and the human immunodeficiency virus (HIV).

An injury can occur when an individual is in contact with a contaminated sharp which is infected with blood or bodily fluid. It may also occur when sharps are not stored or disposed of properly.

Sharps injury
The HSE provides the following advice in case of injury from a contaminated sharp:
• Encourage the wound to bleed gently, ideally by holding it under running water.
• Wash the wound using water and soap.
• Do not scrub the wound while washing.
• Do not suck the wound.
• Dry the wound and cover it with a waterproof dressing.
• Seek medical advice as effective prophylaxis medication is available.

Reporting
• Any accidents, injuries, or near misses of any sort MUST be reported to the school office.
• It is the responsibility of the injured person to report their injury unless they are incapable of doing so.
• If in doubt always obtain medical advice

5. MEDICAL EMERGENCIES

5.1 WHEN AN AMBULANCE IS REQUIRED

In cases of severe medical need an ambulance will be called as a priority and then the parents will be notified. If a parent cannot be contacted, or does not arrive on site in time, a member of staff will accompany the pupil and the school will follow usual protocol in the situation as per other policies. The advice of any emergency medical practitioners will be followed whilst waiting for help to arrive.

5.2 WHEN EMERGENCY MEDICATION IS NEEDED

- Where pupils have emergency medication on site (such as adrenaline pens/ inhalers etc.) these will be administered as per training received and instruction in the HCP/ consent form. Where a pupil's named inhaler is not immediately available or has expired/ emptied the school holds emergency generic salbutamol inhalers, the use of which the parent will have previously consented to.
- The SENCo will ensure that, where a HCP indicates this is needed, appropriate people are appointed (and trained if necessary) to administer it. Appropriate record keeping of such occurrences is listed below.

6. RECORD KEEPING

6.1 ACCESS TO IHPS/ STAFF INFORMATION

- All IHPs are available to staff as hard copies in the medical bay and in electronic form on the staff network. First Aiders/ appointed health carers should familiarise themselves with these on a regular basis. Additional copies are kept in the class medical box for each pupil alongside any medication.
- The SENCo is responsible for updating the Medical Bay folder and electronic copies on the network. Class teachers are responsible for updating their class medical boxes.
- High Risk pupils have their photograph and summary of needs displayed in every classroom and dining areas. Updating of these is the responsibility of the SENCo.

6.2 RECORD OF MEDICATION GIVEN

- Any member of staff who administers medication must record it on the pupil's individual 'medication register' (located in the medical bay) as soon as is practicable, but on the same day. They must also ensure that the pupil takes home a parent notification slip available in the same file, unless it is routine medication as per the HCP.
- When a child has taken their inhaler, upon recovery they must immediately go to the office, where the principal first aider must update the Asthma Register and ensure they take a parent notification slip home with them. (The principal first aider must be mindful when completing the register of previous doses taken recently and act accordingly.)

6.3 NOTIFYING PARENTS

- Parents will always be notified using the notification slips, whenever a child receives their emergency medication.
- Parents may view their child's individual medication register at any point upon request.

End of Document