



## Holywell Primary and Nursery School

### Supporting Pupils with medical conditions policy.

#### Contents

Aims	Page 2
Legislation and statutory responsibilities	Page 2
Roles and Responsibilities	Page 2
Equal Opportunities	Page 4
Being notified a child has a medical condition	Page 4
Reporting and Record keeping	Page 4
Individual Healthcare Plans	Page 5
Emergency Procedure	Page 5
Medicine Administration Policy	Page 5
Record Keeping	Page 7
Medicines for school trips / Residential Trips	Page 7
Asthma	Page 7
Unacceptable Practice	Page 8
Appendix	Page 10

## Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers 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)

**The named person with responsibility for implementing this policy is Naomi Watkins.**

## Legislation and statutory responsibilities

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](#).

## Roles and Responsibilities

In Stour Vale member schools with Early Years Foundation Stage provision, at least one person who has a current paediatric first aid (PFA) certificate must be on the premises at all times while EYFS children are on the premises.

In all settings an assessment of first aid needs will be undertaken and reviewed annually in order to ensure a sufficient number of suitably trained first aiders to care for employees in case they are injured at work. The assessment will take account of the first aid needs of pupils and other site users.

Section 3.1 below sets out the expectations of first aiders as set out in the 1981 first aid regulations and the DfE guidance listed in section 2.

### 3.1 Lead first aiders and first aiders

The school's lead first aider is a trained first aider who is responsible for:

- Maintaining a record of all first aiders and ensuring their first aid training is current

- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Be responsible for organising staff training in first aid, epipen use, defibrillators, Asthma and Epilepsy etc.
- Taking charge when someone is injured or becomes ill
- Ensuring that an ambulance or other professional medical help is summoned when appropriate

In the absence of the Lead First Aider another trained first aider will deputise for them

First aiders are trained and qualified to carry out the role (see section 7) and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident (see the template in appendix 2) or where specified in schools recording accidents directly onto Parago (online compliance system for accident reporting).
- Keeping their contact details up to date

The school's lead first aider and first aiders are listed in appendix 1. Their names will also be displayed prominently around the school.

### 3.2 The Board of Trustees and local governing bodies

Stour Vale Academy Trust has ultimate responsibility for health and safety matters in the school, but delegates responsibility for the strategic management of such matters in school to the school's local governing body.

The local governing body delegates operational matters and day-to-day tasks to the headteacher and staff members.

### 3.3 The Headteacher

The headteacher is responsible for the implementation of this policy, including:

- Ensuring that an appropriate number of trained first aid personnel are present in the school at all times, and, in schools with Early Years Foundation Stage provision, that at least one person who has a current paediatric first aid (PFA) certificate on the premises at all times
- Ensuring that first aiders have an appropriate qualification, keep training up to date and remain competent to perform their role
- Ensuring all staff are aware of first aid procedures
- Ensuring appropriate risk assessments are completed and appropriate measures are put in place
- Undertaking, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place
- Ensuring that adequate space is available for catering to the medical needs of pupils, staff and visitors

### 3.4 The School Business Manager

- Ensuring that the school's staff accident book is maintained

- Ensuring that specified incidents are reported to the Trust using Parago
- Ensuring that any building or other defects observed through an incident are made safe
- Monitor and investigate patterns or trends identified through accident reporting.

### 3.5 Staff

School staff are responsible for:

- Ensuring they follow first aid procedures
- Ensuring they know who the first aiders in school are
- Completing accident reports (see appendix 2) for all incidents they attend to where a first aider is not called
- Informing the headteacher or their manager of any specific health conditions or first aid needs

## 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/carers and any relevant healthcare professionals will be consulted.

## Being notified that a child has a medical condition

See appendix 1

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 a personal care plan.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

## Reporting and Record Keeping

A record of the incident / injury will be completed by the first aider as soon as possible after an incident resulting in an injury using the CPOMS system.

The First Aider should complete the relevant information and an incident sheet completed which should be given by the teacher to the child's parents/carer.

For any incident resulting in a head bump, a letter home will be sent, wrist band put onto the pupil and parents will be informed by text message or the class 'dojo' system.

## Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to [Naomi Watkins].

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
- Whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers 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/carers 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 special educational needs (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 governing body, headteacher or with parental permission in conjunction with school health nurses in Worcestershire LA, 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
- 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 will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents/carers 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 assessment.

## Emergency Procedure

Emergency Procedures Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' care plans will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

## Medicine Administration Policy

There is no legal requirement for staff in school to administer medicines to pupils. However, working within the Local Authority guidelines, staff may agree to administer medicines in consultation with the parent / carer and trained First Aid staff in school that have been prescribed by a doctor.

- Whilst there is no legal requirement for staff in school to administer medicines to pupils, we are fortunate that staff are generally willing to do so, within the limits that the Local Authority advises. School Health have advised that any child requiring medicine three times daily should have this in the early morning before school, straight after school and at bedtime. However, allowances will be made for the youngest members of our school community. This is the procedure that we adopt at Holywell.
- Medicines prescribed by a doctor can be given in school.
- Non-prescription medicines (over the counter medicines) do not require any written consent from a GP or other healthcare professional to allow schools and nursery staff to administer them.
- Parents / carers must bring medicine into the school office and sign / give consent in the medicine registration book on a daily basis, even if the medicine is left in school overnight. They must detail date, child's name, their name, class and dosage.
- The 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 only requires one parent to agree to or request that medicines are administered. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school will continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.
- No medicines should be brought into school by children under any circumstances.

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may be written on an individual health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school will contact will follow the HCP procedure.
- Sun protection cream cannot be applied to children by staff.
- Eye drops cannot be administered by staff.
- All children with specific medical needs have a Individual Healthcare Plan written for them in consultation with the parent / carer. Their requirements are updated regularly and their PCPs are in the medical room, classroom (with parent signature).
- Allergies and AAI's please refer to pupil allergy policy.
- Inhalers should be clearly labelled with the child's name and will be kept by the child for emergency use.
- Glucose sweets for diabetic children will also be kept close by the child.
- On school trips and outings medical information for each child is collated and recorded on the School Trip form and where necessary medication for that child/group is packed with the First Aid kit.
- On all residential school trips, the Trip Leader is responsible for ensuring the appropriate completion of the 'Child Medicine Administration Book - Residential Trips'. This will include parental guidance regarding type of medicine and dosage, prior to the trip departure. A designated member of staff on the trip will ensure appropriate administration of all medicines for the duration of the trip which includes detailed record keeping as outlined in the "Trip Book".
- Parents / carers are welcome to come into school to administer any medicines if they wish to.

## Record Keeping

When staff are administering prescribed or non-prescribed medicine there must be two people present, they must document in the Medicine administration book or on CPOMS. In the book must be child's name, date, time, dosage and the two signatures of staff members present.

## Medicines for School Trips/Residential Trips

Parents to sign pupil's name, medicine, dosage and time of dosage into the '**Child Medicine Administration - Residential Trips**' book which is kept at school until the trip leaves for destination. The book is then held by the First Aider/Trip Leader and medicines administered as authorised by parents. The medicines are required to be signed into the book when administered by First Aider/Trip Leader and countersigned by member of staff.

## Asthma

### EMERGENCY SALBUTAMOL INHALER USE

- A copy of the asthma list with who has permission to use the spare inhaler will be kept with the inhalers.
- Parent / Carer consent for use of the emergency inhaler has to be gained to use the emergency inhaler.
- The emergency inhaler is only to be used by children with asthma with parent /Carer consent for its use.
- Appropriate support and training for staff in the use of the emergency inhaler will be given.
- A record of use of the emergency inhaler / inhaler and informing parents or carers that their child has used the emergency inhaler / inhaler must be kept each time the emergency inhaler is given.
  - There are two emergency inhalers that are kept in the medical room.
  - In the absence of a child having an inhaler in school when attending a school trip, one inhaler may be taken out of school.

All medicines sent into school (except those needed for emergency use) will be kept in a central cupboard / fridge in the medical room so that only staff can access them.

Non-prescription will be administered whereby relief is needed for an ongoing / reoccurring medical need. This will be administered by a named first aider. Two people must be present to witness administration.

Insulin (and any needles - used or new) are kept in a box in the child's classroom out of reach. Parents take responsibility for the removal of used needles.

Ritalin is classified as a 'controlled drug' and parents/carers are asked to contact the Headteacher, in the first instance, if a child needs to have this drug administered during the school day. Controlled drugs are kept in a locked box which is then locked in the school administrator's office cupboard so nobody other than an authorised key holder can access them. Parents/carers are responsible for bringing in further supplies when required.

## Unacceptable Practice

School staff should use their discretion and judge each case individually with reference to the pupil's care plan, **but it is generally not acceptable to:**

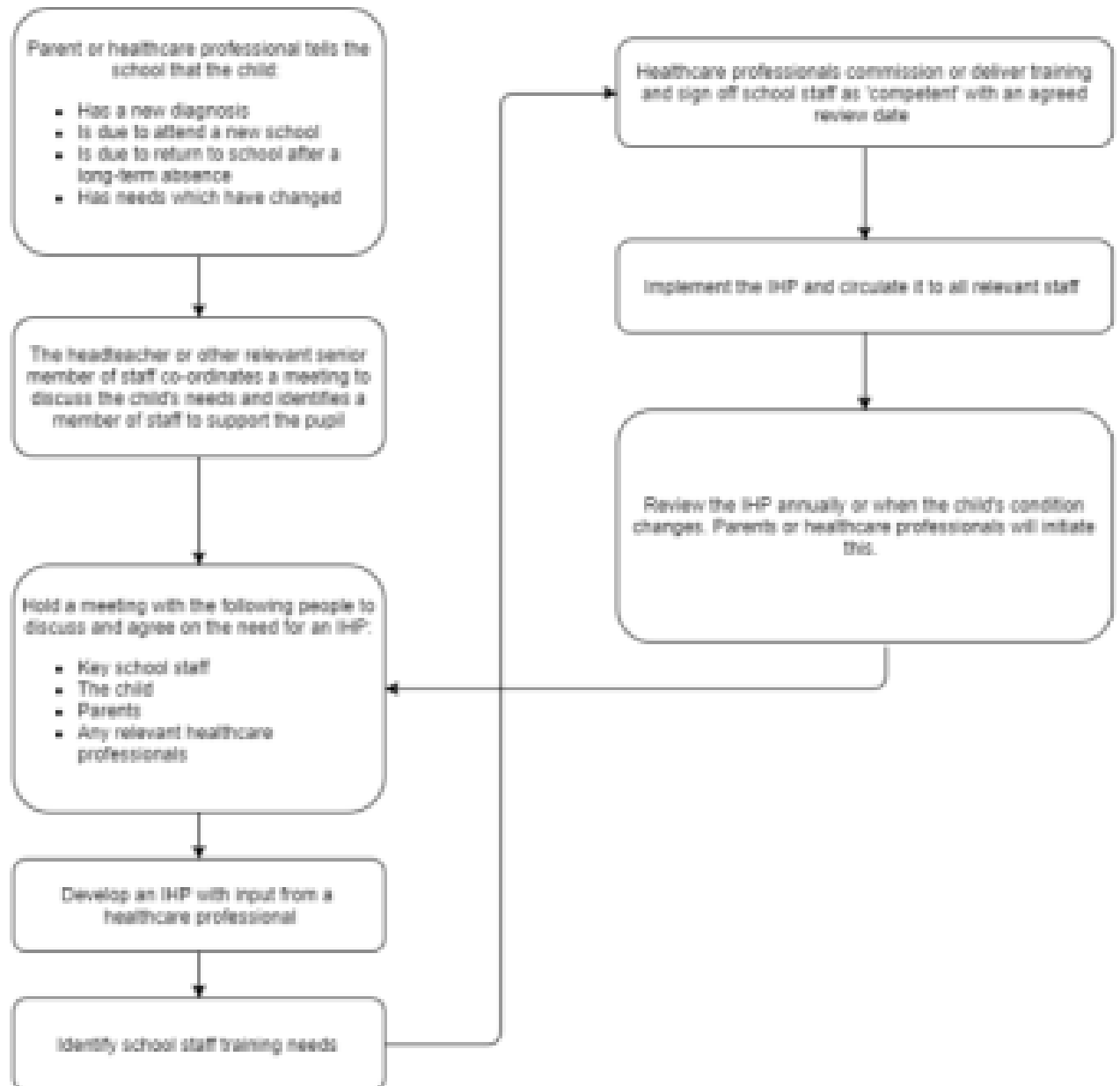
- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. 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 pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

## Appendix 1 – Being Notified a Child has a Medical Condition

Flow-chart showing the information flow on being notified a child has a medical condition.

### Key

IHP = Care plan



**Data Protection statement**

- The procedures and practice created by this policy have been reviewed in the light of our GDPR Data Protection policy.
- All data will be handled in accordance with the school's GDPR Data Protection Policy.

Name of Policy	Content	Reason for Policy	Who does it relate to	Where is it stored
First Aid and Medicine Policy	Guidance on first aid and medicine procedures	Guidance for staff/parents	Pupils/staff	Secured Network Drive

- As such, our assessment is that this policy:

Has few/no data compliance requirements	Has a moderate level of data compliance requirements	Has a high level of data compliance requirements
		X