

Hawthorn Primary School

Supporting Pupils with Medical Conditions Policy

Introduction

At Hawthorn our policies are regularly reviewed. This reflects current practice within school and all related government guidance and statutory requirements. On September 1st 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. This policy reflects the statutory guidance published by the Department for Education in April 2014 and the Children and Families Act 2014.

Hawthorn is an inclusive community that aims to support and welcome pupils with medical conditions.

Rationale

At Hawthorn School the health, safety and well-being of our children is paramount. Our aim is to ensure that arrangements are in place to support pupils with medical conditions and that in doing so we will ensure that each child can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. We are committed to working with medical staff to give pupils and parents confidence and reassurance that we will provide for their needs. Staff will also be made aware of issues and potential issues surrounding the child's wellbeing and how medical conditions can impact on a child's ability to learn. We will endeavour to increase the confidence of children with medical conditions and promote self-care. We will ensure that the required number of staff has up to date first-aid training and that one or more is available at all times. We will actively ensure all pupils' contact details are up to date and regularly ask parents to complete contact detail forms. We will also actively seek information on relevant medical details and ensure that all appropriate staff are made aware. The school nurse will also provide a source of advice and information. Individual children's GPs, diabetes nurses or paediatricians can also provide support on a case-by-case basis.

Aims and Objectives:

1. We aim to provide children with medical conditions the same opportunities as others at school and achieve this by ensuring that:

_ staff at Hawthorn understand their duty of care to children and young people in the event of an emergency;

_ all staff feel confident knowing what to do in an emergency;

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_ the school understands that certain medical conditions are serious and can be potentially life-threatening, particularly if ill-managed or misunderstood;

_ school understands the importance of medication being taken as prescribed;

_ Hawthorn allows adequate time for staff to receive training on the impact that medical conditions can have on pupils;

_ staff receive additional training about any children they may be working with who have complex health needs supported by an Individual Health Plan (IHP).

We follow the Health Protection Agency guidelines in relation to infection control within school.

When children have additional medical needs, staff will work in partnership with medical professionals to meet the individual needs of the children. An individual plan will be drawn up for each child stating their specific medical needs and how these will be met in school and if required relevant staff will be trained to meet the needs of the child.

2. The Medical Conditions Policy is supported by a clear communication plan for staff, parents, carers and other key stakeholders to ensure its full implementation.

i. Parents/carers are informed about the medical conditions policy via the school's website, where it is available all year round and by including the policy within the school's prospectus information.

_ School staff are informed and regularly reminded about the school's medical conditions policy through scheduled medical conditions updates;

_ through the key principles of the policy being displayed in several prominent staff areas;

_ the designated person, Head Teacher, Deputy Head teacher or other member of SLT will inform supply and temporary staff of the policy and their responsibilities including who is the designated person, any medical needs or Individual Health Plans related to the children in their care and how to respond in emergencies;

_ The designated person, Head Teacher, Deputy Head or Phase Leader will make staff aware of any Individual Health Plans as they relate to their teaching/supervision groups.

3. Relevant staff understand and are updated in what to do in an emergency for the most common serious medical conditions at this school.

i. Staff at this school understand their duty of care to pupils both during and at either side of the school day in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent/carers. This may include administering medication.

ii. Staff receive updates at least once every two years for asthma, diabetes and other medical needs and know how to act in an emergency. Additional training is prioritised for key staff members who work with children who have specific medical conditions supported by

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an Individual Health Plan. Individual Health Plans will be reviewed termly.

iii. The action required for staff to take in an emergency for the common serious conditions at this school is displayed in classrooms, staffroom and on the school website.

iv. This school uses Individual Health Plans to inform appropriate staff of pupils with complex health needs in their care who may need emergency care

v. This school has procedures in place so that a copy of the pupil's Individual Health Plan is sent to the emergency care setting with the pupil. On occasions when this is not possible, the form is sent or the information on it is communicated to the emergency care setting as soon as possible.

vi. If a pupil needs to be taken to hospital, a member of staff will always accompany them until a parent arrives. The school will try to ensure that the staff member will be one the pupil knows. The staff member concerned should inform a member of the school's Senior Leadership Team

4. The school has clear guidance on the administration of medication at school.

ADMINISTRATION of inhalers.

_ Inhalers are kept in classrooms in a place that is agreed and known so that children can access their own inhaler when needed.

_ Children are reminded to take their inhaler with them when partaking in physical exercise and will be reminded to have their inhaler nearby at all times

_ Refer to 'Guidance on the use of emergency salbutamol inhalers in schools September 2014'

_ Staff will be trained by the school nurse on how best to oversee and support children taking inhalers.

Administration of emergency medication

i. This school will ensure that pupils with medical conditions have **easy access to their emergency medication.**

ii. This school will ensure that all pupils with a medical condition understand the arrangements for a member of staff to assist in helping them take their emergency medication safely.

Administration – general:

iii. This school understands the importance of medication being taken as prescribed. We will seek the advice of healthcare professionals of School Health to ensure that our staff are trained in providing medication.

iv. If children require medicine to be given in school, this should be brought to the school office; it must be clearly marked with the child's name and the parent/carers must complete a form giving permission for medicine to be administered. The medicine will be administered by a member of school staff as stated on the form (as prescribed).

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v. School will only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.

vi. All use of medication is made under the appropriate supervision of a member of staff at this school even if there is an agreed plan for self-medication.

vii. All medication administered will be recorded on the agreed form.

viii. All staff are made aware by the designated person that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so or unless the situation is an emergency and falls under their duty of care arrangements.

ix. For medication where no specific training is necessary (such as liquid medication which is administered orally), any member of staff may administer medication to pupils, but only with the consent of the pupil's parent/carers.

x. The school will ensure that specific training and updates will be given to all staff members who agree to administer medication to pupils if necessary. The relevant

healthcare professional will lead on identifying and agreeing with the school the type and level of training required and how this can be obtained.

xi. All school staff at Hawthorn have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication or calling an ambulance.

xii. Parents/carers at this school understand that if their child's medication changes or is discontinued, or the dose or administration method changes, that they must notify the school immediately. Parents/carers must provide the school with any guidance regarding the administration of medicines and/or treatment from the GP, clinics or hospital.

xiii. If a pupil at Hawthorn refuses their medication, parents/carers will be informed of this non-compliance as soon as possible. Staff will seek support from senior leaders and parents/carers will be invited to come in if the child still refuses. Staff will record this.

xiv. All staff attending off-site visits and residentials with children are aware of any pupils on the visit who have medical conditions and the designated person will ensure the staff have had the child's Individual Health Plan explained to them. They will receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed

xv. We will make arrangements for the inclusion of pupils with medical conditions in visits and activities including the training of staff unless evidence from a GP/clinician states that this is not possible.

xvi. If a trained member of staff, who is usually responsible for administering medication, is not available, Hawthorn makes alternative arrangements to provide the service. This will always be addressed in the risk assessment for off-site activities.

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xvii. At Hawthorn we take every possible precaution to store medicine safely and to make children aware of the dangers of medicines. If a pupil misuses medication, either their own or another pupil's, the school will promptly ring A and E to seek advice. Their parents/carers will be informed as soon as possible.

5. THIS SCHOOL FOLLOWS CLEAR GUIDELINES ON THE STORAGE OF MEDICATION AT SCHOOL

Safe storage emergency medication

i. Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities. If the emergency medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by members of staff.

ii. If the pupil concerned is involved in extended school services (breakfast club/after-school clubs), then specific arrangements must be agreed with the parent and appropriate staff involved.

iii. Staff will refer to '**Guidance on the use of emergency salbutamol inhalers in schools September 2014**' when the emergency inhaler needs to be used and follow procedures set out in this guidance.

Safe storage – non-emergency medication

iv. All controlled drugs (such as Ritalin and other ADHD medicines) are kept in a locked container and only named staff have access.

- v. All other non-emergency medication is kept in a secure place out of reach of children, unless it is the child's inhaler or diabetes kit which they need to access as agreed in their Individual Health Plan.
- vi. The identified member of staff checks the expiry dates for all medication stored at school each term (i.e. three times a year).
- vii. The identified member of staff, along with parents/carers of pupils with medical conditions, ensures that all emergency and non-emergency medication brought into school is clearly labelled with the pupil's name, the name of the medication, route of administration, dose and frequency, and expiry date of the medication.
- viii. Medication is stored in accordance with the manufacturer's instructions, paying particular note to temperature.
- ix. Parents/carers must provide any medication in date and with instructions

Safe disposal

- x. Parents/carers at this school are asked to collect out-of-date medication.
- xi. If parents/carers do not come to pick up out-of-date medication, medication is taken to the local pharmacy for safe disposal.
- xii. Sharps boxes are used from the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes are stored in a locked cupboard unless safe and secure arrangements are put in place on a case-by-case basis.
- xiii. If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy, to school, or to the pupil's parent.
- xiv. Collection and disposal of sharps boxes are arranged with the local authority's environmental services

THIS SCHOOL HAS CLEAR GUIDANCE ABOUT RECORDKEEPING FOR PUPILS WITH MEDICAL CONDITIONS

Enrolment forms

- i. When a child is enrolled at Hawthorn, parents/carers are asked if their child has any medical conditions and are required to tell us if their child has a medical condition.
- ii. If a pupil has a short-term medical condition that requires medication during school hours (e.g. antibiotics to cover a chest infection), parents/carers are required to fill in a medication form at the school office.

Individual Health Plans

Drawing up Individual Health Plans

- iii. Hawthorn uses individual Health Plans for children with complex health needs to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Health Plan if required. Examples of complex health needs which may generate an Individual Health Plan following discussion with the school nurse, school and/or medical professionals include:

- _ Diabetes
- _ Gastrostomy feeds
- _ Tracheostomy
- _ Anaphylaxis
- _ Central line or other long-term venous access
- _ Severe asthma that has required a hospital admission within the last 12 months

_ Epilepsies with rescue medication

(this list is not exhaustive but is a sample)

iv. An Individual Health Plan will be drawn up by parents/carers, school staff and the school nurse or another medical professional, for example the child's diabetes nurse. The child will be involved as much as possible.

v. All parties involved in drawing up the plan will decide whether an Individual Health Plan will be appropriate and proportionate, based on assessment of evidence.

vi. The Individual Health Plan (IHP) may be initiated by a member of school staff (in consultation with the parent) or a healthcare professional involved in providing care to the child.

vii. Where the child has a special educational need identified in a Statement or EHCP (Education, Health and Care Plan), the Individual Health Plan will be linked to or become part of that Statement or EHC Plan. Where the child has SEN but does not have an EHC Plan or Statement, their Special Educational Needs will be mentioned on their Individual Health Plan.

viii. The IHP will consider the following:

_ 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, counselling etc;

_ the level of support needed and whether children can take responsibility for their own healthcare needs. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;

_ who will provide this support, their training needs, expectation of their role and confirmation of proficiency to provide support for the child'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 child'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 required for school trips and activities outside the school day;

_ where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and

_ what to do in an emergency, including whom to contact, and contingency arrangements.

SCHOOL INDIVIDUAL HEALTH PLAN REGISTER

Individual Health Plans are used to create a centralised register of pupils with complex health needs. An identified member of the school staff has responsibility for the school register. They will ensure that regular communication with parents/carers of children with IHPs takes place and that

IHPs are updated to reflect the child's current needs. Each IHP will have a review date. Parents/carers will have a designated person to direct any additional

information, letters or health guidance to in order that the necessary records are altered quickly and the necessary information disseminated.

A central register of Individual Health Plans will be held securely Specified members of staff (agreed by the pupil and parents/carers) will also have access to copies of the IHP. All copies will be updated when new information/guidance comes into the IHP.

This school ensures that all staff protect pupil confidentiality.

New members of staff, for example in the event of staff absence, will be made aware of the child's IHP and the designated person will ensure that the child's needs are still met.

Use of Individual Health Plans

Individual Health Plans are used at Hawthorn to:

- _ inform the appropriate staff about the individual needs of a pupil with a complex health need in their care;
- _ identify important individual triggers for pupils with complex health needs at school that bring on symptoms and can cause emergencies.

This school uses this information to help reduce the impact of triggers

- _ ensure that emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in an emergency.

Record of Awareness-raising updates and training

This school regularly holds updates on common medical conditions . A record of the content of and attendance at the medical condition training is kept by the school and reviewed every 12 months to ensure that all new staff receive updates. The school nurse will provide updates if the school requests this.

All school staff who volunteer or who are contracted to administer emergency medication are provided with training, if needed, by a specialist nurse, doctor or school nurse. The school keeps a register of staff who have had training. It is the school's responsibility to arrange training.

THIS SCHOOL ENSURES THAT THE WHOLE SCHOOL ENVIRONMENT IS INCLUSIVE AND FAVOURABLE TO PUPILS WITH MEDICAL CONDITIONS.

THIS INCLUDES THE PHYSICAL

ENVIRONMENT, AS WELL AS SOCIAL, SPORTING AND EDUCATIONAL

ACTIVITIES (*HOWEVER Hawthorn building is not considered disability friendly for anyone in a wheelchair and it is reflected in our Access statement*))

Physical environment

- i. This school is committed to providing a physical environment that is as accessible as possible to pupils with medical conditions.
- ii. This school's commitment to an accessible physical environment includes out of school; it also recognises that this may sometimes mean changing activities.

Social interactions

- iii. This school ensures that the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and before and after school.
- iv. At Hawthorn we ensure that the needs of children with medical conditions are adequately considered to ensure that they have access to extended school activities such as breakfast club, school discos, school productions, after-school clubs and residential visits.

v. All staff at this school are made aware (by the designated person and through training) of the potential social problems that pupils with medical conditions may experience. Staff use this knowledge to try to deal with problems in accordance with Hawthorn's Anti-Bullying and

Behaviour policies.

vi. Staff use opportunities such as Personal, Social and Health Education lessons to raise awareness of medical conditions amongst pupils and help to create a positive social environment.

Exercise and physical activity

vii. This school understands the importance of all pupils taking part in sports, games and activities.

viii. This school will ensure that all classroom teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

ix. Hawthorn school seeks to ensure that all teachers and sports coaches understand that if a pupil reports that they are feeling unwell, the teacher must seek guidance before considering whether they should take part in an activity.

x. Teachers and sports coaches are aware of pupils in their care who have been advised by a healthcare professional to avoid or to take special precautions with particular activities and will support with those special precautions or offer an alternative activity.

xi. This school ensures that all staff including PE coaches are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

xii. At Hawthorn we ensure that all pupils have the appropriate medication or food with them during physical activity and that pupils take them as needed.

xiii. This school ensures that all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Education and learning

xiv. This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

xv. Teachers at Hawthorn are aware of the potential for pupils with medical conditions to have special educational needs (SEN). Pupils with medical conditions who are finding it difficult to keep up with their studies are referred to the SEN coordinator.

xvi. This school ensures that lessons about common medical conditions are incorporated into PSHE lessons and other parts of the curriculum,

xvii. Pupils at this school learn how to respond to common medical conditions.

Risk Assessments

xviii. Risk assessments are carried out by staff at this school prior to any out-of-school visit or off-site provision and medical conditions are considered during this process. The school considers: how all pupils will be able to access the activities proposed; how routine and emergency medication will be stored and administered; where help can be obtained in an emergency; and any other relevant matters.

xix. At Hawthorn we understand that there may be additional medication, equipment or other factors to consider when planning residential visits or off-site activities. This

school considers additional medication and resources that are normally available at school including first-aid kits.

EACH MEMBER OF THE SCHOOL AND HEALTH COMMUNITY KNOWS THEIR ROLES AND RESPONSIBILITIES IN MAINTAINING AN EFFECTIVE MEDICAL CONDITIONS POLICY

- i. The school works in partnership with all relevant parties including the school's governing body, school staff, community healthcare professionals and any relevant emergency practitioners to ensure that the policy is planned, implemented and maintained successfully.
- ii. The following roles and responsibilities are used for the medical conditions policy at Hawthorn. These roles are understood and communicated regularly.

Governors *have a responsibility to:*

- ☐ ensure the health and safety of their staff and anyone else on the premises or taking part in school activities (this includes all pupils). This responsibility extends to those staff and others leading activities taking place off-site such as visits or field trips.
- ☐ ensure that the school's health and safety policies and risk assessments are inclusive of the needs of pupils with medical conditions and reviewed annually
- ☐ make sure the medical conditions policy is effectively implemented, monitored and evaluated and regularly updated.
- ☐ ensure that the school has robust systems for dealing with medical emergencies and critical incidents at any time when pupils are on site or on out-of-school activities

The Headteacher *has a responsibility to:*

- ☐ ensure that the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks;
- ☐ ensure that the policy is put into action, with good communication of the policy to all staff, parents/carers and governors;
- ☐ ensure that every aspect of the policy is maintained;
- ☐ ensure that, if the oversight of the policy is delegated to another senior leader, the reporting process forms part of their regular supervision/ reporting meetings;
- ☐ monitor and review the policy at regular intervals, with input from governors, parents/carers, staff and external stakeholders;
- ☐ report back to governors about implementation of the health and safety and medical conditions policy;
- ☐ ensure through consultation with governors that the policy is adopted and put into action.
- ☐ ensure that they first-aiders are trained in their role as first-aider and are trained in paediatric first-aid.

ALL HAWTHORN SCHOOL STAFF *have a responsibility to:*

- ☐ be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency;
- ☐ implement the school's medical conditions policy;
- ☐ know which pupils in their care have a complex health need and be familiar with the content's of the pupil's Individual Health Plan;

- ☐ maintain effective communication with parents/carers including informing them if their child has been unwell at school;
- ☐ ensure pupils who need medication have it when they go on a school visit or out of the classroom;
- ☐ understand common medical conditions and the impact these have on children;
- ☐ ensure that no child with a medical condition is excluded unnecessarily from activities they wish to take part in;
- ☐ ensure that pupils have the appropriate medication/food during any exercise and can take it when needed;
- ☐ follow universal hygiene procedures if handling bodily fluids.

TEACHING STAFF *have an additional responsibility to:*

- ☐ ensure that pupils who have been unwell have the opportunity to catch up on missed school work;
- ☐ be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it, in liaison with the SENCo;
- ☐ liaise with parents/carers, special education needs coordinator and family support worker if a child is falling behind with their work because of their condition;
- ☐ use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness of medical conditions;

SCHOOL NURSE OR HEALTHCARE PROFESSIONAL *has a responsibility to:*

- ☐ help provide regular updates for school staff managing the most common medical conditions at school at the school's request;
- ☐ provide information about where the school can access other specialist training;
- ☐ update the Individual Health Plans in liaison with appropriate school staff and parents/carers;

FIRST-AIDERS *have an additional responsibility to:*

- ☐ give immediate, appropriate help to casualties with injuries or illnesses;
- ☐ when necessary ensure that an ambulance is called.

SPECIAL EDUCATIONAL NEEDS COORDINATORS *have the additional responsibility to:*

- ☐ ensure that teachers make the necessary arrangements if a pupil needs special consideration or access arrangements in tests.

PUPILS *have a responsibility to:*

- ☐ treat other pupils with and without a medical condition with respect;
- ☐ tell their parents/carers, teacher or nearest staff member when they are not feeling well;
- ☐ let a member of staff know if another child is feeling unwell;
- ☐ treat all medication with respect;
- ☐ know how to gain access to their medication (under the supervision of an adult).

PARENTS/CARERS *have a responsibility to:*

- ☐ tell the school if their child has a medical condition or complex health need;
- ☐ check that the school has a complete and up-to-date Individual Health

Plan if their child has a complex health need;

- ☐ inform the school about the medication their child requires during school hours;
- ☐ inform the school/provider of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities;
- ☐ tell the school about any changes to their child's medication;
- ☐ ensure that their child's medication and medical devices are labelled with their child's full name;
- ☐ ensure that their child's medication is kept within expiry dates.

Complaints

Please refer to Hawthorn's parental complaints policy

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See other related policies

Child Protection and Drug Policy.

Health and Safety Policy

Date: September 2014

Next review: September 2016