

ROWAN GATE PRIMARY SCHOOL



SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

POLICY REVIEW

This policy has been reviewed in line with the following: (Reviewer please tick box)

a) Ensuring the policy is up to date and meets mandatory requirements

☒

b) Ensuring the policy is fit for purpose and that practice adheres to the policy.

☒

Reviewed in January 2023 by

Natalija Zemcugova

Policy will be reviewed again in January 2024

ROWAN GATE PRIMARY SCHOOL



SUPPORTING PUPILS WITH MEDICAL NEEDS POLICY

Statement of intent

The governing board of Rowan Gate Primary School has a duty to ensure arrangements are in place to support pupils with medical needs. The aim of this policy is to ensure that all pupils with medical needs, in terms of both physical and mental health, receive appropriate support to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

This policy reflects the philosophy of the Equality Policy, the Mission Statement and the School Aims in relation to the whole curriculum.

The school believes it is important that parents of pupils with medical needs feel confident that the school provides effective support for their children's medical needs, and that pupils feel safe in the school environment.

All our pupils with medical needs also have an EHC plan collating their health, social and SEND provision.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents.

The school is a no smoking site, including E cigarettes.

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012
- The Special Educational Needs and Disability Regulations 2014
- The Human Medicines (Amendment) Regulations 2017

- The Food Information (Amendment) (England) Regulations 2019
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical needs'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Attendance and Absence Policy
- Admissions Policy

1. Roles and responsibilities

The governing board will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical needs.
- Ensuring that pupils with medical needs can access and enjoy the same opportunities as any other pupil at the school.
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical needs receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical needs are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical needs have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.

- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical needs are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.
- Signing a consent form before any staff can administer medicines. The forms will be held in the individual pupil's Medication File in class.

Parents will be regularly reminded of their responsibility to:

1. Give clear written instructions regarding medicines
2. Send medicines, properly labelled with full directions and in the original labelled container.
3. Provide syringes/measuring cups to administer meds in school.

School staff will be responsible for:

- Providing support to pupils with medical needs, where requested, including the administering of medicines.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical needs.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

The school nurse will be responsible for:

- Notifying the school at the earliest opportunity when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical needs.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.

- Providing advice on developing IHPs.
- Providing support in the school for children with particular needs, e.g. asthma, diabetes and epilepsy, where required.
- cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

2. Admissions

Admissions will be managed in line with the school's Admissions Policy.

No child will be denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made; a child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

3. Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the headteacher. Following this, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within two weeks.

4. Staff training and support

In carrying out their role to support pupils with medical needs, designated school Teaching Assistants and members of the Leadership team will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. 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. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical needs, and to fulfil the requirements as set out in individual healthcare plans.

A first-aid certificate will not constitute appropriate training for supporting pupils with medical conditions.

Whole-school awareness training will be carried out on annual basis for all staff, and included in the induction of new staff members.

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

Training will be provided by the following bodies:

- Commercial training provider
- The school nurse

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Supply teachers will be:

- Provided with access to this policy.
- Informed of all relevant medical conditions of pupils in the class they are providing cover for.

This policy will be publicised to all staff to raise awareness at the whole school level of their importance of supporting pupils with medical needs, and to make all staff aware of their role in implementing this policy. Information on how this school staff supports children with health needs is included in our induction procedure for all new staff.

All prescription charts to be checked prior to giving medication and to be signed by the designated member of staff as soon as given. The names of trained staff will be held in electronic Medication Folder on Staff Team.

5. Individual Health Plans - IHPs

The school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements, and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication
- Who will provide the necessary support, including details of the expectations of the role and the training needs required, as well as who will confirm the supporting staff member's proficiency to carry out the role effectively
- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents for medicine to be administered by school staff
- Separate arrangements or procedures required during school trips and activities
- What to do in an emergency, including contact details and contingency arrangements

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

The IHP will be linked to EHC plan or becomes part of an EHC plan.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

6. Managing medicines

In accordance with the school's Administering Medication Policy, medicines will only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

If medicines are prescribed for 3 times a day, they DO NOT need to be sent into school. They can be given at home – 1) breakfast, 2) after school/tea time, 3) bed time.

If required to be given before food – then the above will not apply and medicines SHOULD be sent into school.

Pupils will not be given prescription or non-prescription medicines without their parents' written consent.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional

Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

All medicines will be stored safely. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in the classroom and their use will be recorded.

Records will be kept of all medicines administered to individual pupils by two designated people trained in Medicine Competency, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

Both persons will complete and sign the pupil's Regular or Short-Term Drugs Forms. On school trips, a designated person should administer medicines, using a member of the class staff to observe and second sign.

Under normal circumstances, designated Teaching Assistants and members of the Leadership team will be responsible, on the direction of the Headteacher for:

1. Medication Consent Form (appendix 2) is completed for all medicines to be administered in school. The Record of Medicine Received (appendix 3) is completed on receipt of the medication.

2. Medication is kept in a safe, locked storage. Each class has their own safe for medication for their own pupils.
3. Dispensing medicines only to the pupil for whom it is prescribed and in accordance with the direction of the prescriber.
4. Recording the administration of medicines (See Appendix 4a and 4b)
5. Medication Request Form (appendix 5) is sent home when there is a minimum of a week's doses of a child's meds remaining.
6. Disposal of medicines. Medicines should not be routinely destroyed in school, they should be returned to the pupil's home for return to the dispensing pharmacist, or by prior arrangement they may be sent to the community pharmacist for disposal. Medicines should only be disposed of in school when it would be impractical to do anything else (for example in the case of an open unused diazepam rectal tube.)

Change of Medication

Any change in a pupil's medication must be notified in writing. If a pupil brings different medicines to school, without written instructions, it must not be administered without the designated person speaking directly to the parent/guardian or GP.

If pupils are in respite care and medicines are being transported daily, staff should ensure that the bags are locked in the designated safe or fridge.

On no account should aspirin, or preparations containing aspirin, be given to pupils.

Some pupils may occasionally require medicines for pain or fever.

These can only be given if the parents have signed the appropriate consent form and the designated person is satisfied that it is safe and appropriate to do so (the designated person will contact parents to ensure that the child has not already been given pain relief in the past 4 hours.)

7.Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Administering Medication Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

For pupils who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the classroom.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted via a two-way radio. Where there is any delay in contacting designated staff members, or where delay could

cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAI's, e.g. if the pupil needs restraining.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAI's are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

AAI's will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, staff responsible for administering meds will have their AAI with them.

8. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed.

An Individual Medication Chart should be completed with the child's photograph and d.o.b. to provide identification to accompany the child's drugs' forms. Every child will have this chart, even if they are not currently taking any medicines, as this of course, could change, particularly in the case of antibiotics, pain relief or allergy medicines. (see appendix 1)

All medication will be listed against the name of each individual pupil, on the Regular or Short-Term Drugs forms. (see appendix 4a and 4b)

No medicine may be given if there is not written consent or verbal consent directly with the school nurse or designated person. (see appendix 2).

If there is any doubt, the designated person must contact the parents / guardians or the named GP.

Any medicine that is dispensed must be recorded against each pupil.

All telephone calls regarding medicines must be directed to the school nurse or designated person and not come through a second party.

9. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities,

staff members will be informed of the correct postcode and address for use in navigation systems.

In the event of an emergency, staff should err on the side of caution and summon an ambulance if they have any reason to believe this is necessary.

If the emergency demands giving rectal or Buccal Midazolam and there is no trained named designated person present, a decision should be made as to the severity of the situation. If not and the situation is judged to be critical, then the member of staff should proceed if they have expressed a willingness to do so and have been trained (all staff receive general epilepsy awareness training, including the use of emergency meds). The School Nurse will monitor the need for staff training and lead it.

Defibrillators

The school has a Mediana HeartOn A15 automated external defibrillator (AED). The AED will be stored in the medical room in an unlocked, alarmed cabinet.

All staff members will be made aware of the AED's location and what to do in an emergency. A risk assessment regarding the storage and use of AEDs at the school will be carried out and reviewed annually.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a monthly basis by the school nurse, who will also keep an up-to-date record of all checks and maintenance work.

10. Day trips, residential visits and sporting activities

Pupils with medical needs will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the school will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical needs to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

11. Unacceptable practice

The school will not:

- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical need, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.

- Penalise pupils with medical needs for their attendance record, where the absences relate to their condition.
- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

12.Complaints

Parents wishing to make a complaint concerning the support provided to pupils with medical needs are required to speak to the school in the first instance. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures Policy. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

Parents are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

13.Home-to-school transport

Arranging home-to-school transport for pupils with medical needs is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

14.Monitoring and review

This policy is reviewed on an annual basis by the governing board, school nurse and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

This policy was reviewed in January 2023 and will be reviewed again in January 2024.



Individual Medication Chart

photo

Name:	D.O.B:
Allergies:	

Rowan Gate Primary School

Medication Consent Form

SECTION 1. This section to be completed by parent/guardian.

PARENT/GUARDIAN CONSENT

NAME OF CHILD.....

D.O.B.....

I request and give permission for a trained member of Rowan Gate staff to administer to the above child the medication indicated below.

NAME OF PARENT (PLEASE PRINT).....

SIGNATURE.....DATE.....

SECTION 2. This section to be completed by the parent/guardian.

MEDICATION	STRENGTH	DOSE	ROUTE	TIME	REMARKS

Allergies:

Section 3
To be completed by the trained member of Rowan Gate Staff

Date received:.....
Signature.....

Date discontinued.....
Signature.....

Details.....

Appendix 3

Name

D.O.B.

Rowan
Gate

Primary School

Record of Medication Received

Medication	Date Requested	Date Received	Amount Received & Initial	Expiry Date	Amount Returned to Parent/Guardian Date & Initial	Amount Destroyed Reason Date & Initial

Appendix 4a

Regular Drugs			Name:						D.O.B.			
DRUG:	Times at school: Route:	Date:										
Dose:		Drug count:										
		Signatures:										
DRUG:	Times at school: Route:	Date:										
Dose:		Drug count:										
		Signatures:										
DRUG:	Times at school: Route:	Date:										
Dose:		Drug count:										
		Signatures:										
DRUG:	Times at school: Route:	Date:										
Dose:		Drug count:										
		Signatures:										

DRUG:	Times at school: Route:	Date:							
Dose:		Drug count:							
		Signatures:							
DRUG:	Times at school: Route:	Date:							
Dose:		Drug count:							
		Signatures:							

Appendix 4b

Short Term Drugs (e.g. antibiotics, pain relief, antihistamine)									
Name:						D.O.B:			
DRUG:		Date:							
		Time:							
Dose*:	Route:	Dose administered:							
Duration (e.g. number of days/ongoing):		Signatures:							
DRUG:		Date:							

		Time:							
Dose*:	Route:	Dose administered:							
Duration (e.g. number of days/ongoing):		Signatures:							
DRUG:		Date:							
		Time:							
Dose*:	Route:	Dose administered:							
Duration (e.g. number of days/ongoing):		Signatures:							

Appendix 5

Rowan Gate Primary School

Medication Request

Date.....

Child.....

Further supplies of the following medication are required at school:

.....

.....

There are _____ mls/tablets/doses remaining.

OR

Present supply will be out of date on _____

Yours Sincerely.....

(Medically trained member of staff)

Appendix 6a

Asthma Drug Chart

Name: _____ D.o.b: _____

Class: _____

Date	Time	Care Plan Checked?	Drug name e.g. salbutamol	Amount of puffs given	Signed	

Appendix 6b

Name of child: _____

Lotion Daily Recording Sheet

Date	Time	Name of Lotion	Where?	Notes	Signed

HW =hand wash BK = back of knees IE = inside elbows B= bottom G= genital area
 GR= groin F= face A= arms L= legs H= hands FT = feet C= chest BC = back N= neck