



BARLOWS PRIMARY SCHOOL

Supporting Pupils with Medical Needs Policy

Committee with oversight for this policy	Full Governing Body
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Barlows Primary School

Supporting Pupils with Medical Needs Policy

Rationale

Section 100 of The Children and Families Act 2014 places a duty on the governing body of Barlows Primary school to make arrangements for supporting children at their premises with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions (2017)' which have been consulted to produce this policy.

We will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children with medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the, 'Supporting Pupils at School with Medical Conditions' document (2015). All staff have a duty of care to follow and co-operate with the requirements of this policy. Where children have a disability, the requirement of the Equality Act 2010 will apply. Where children have an identified special need, the SEN Code of Practice (2015) will also apply.

This policy is of particular importance as parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

Barlows Primary School Procedures

We will aim to identify children with medical needs on entry to the school by working in partnership with parents/ carers / other settings. To gain information regarding medical conditions, the staff will have induction meetings with all new children and discuss their medical history. When a medical need is highlighted, we seek advice from the school nursing team and begin the process of requesting a school health care plan. All relevant staff are informed of the child's medical needs and any medication they require within school. Where a formal diagnosis is awaited or is unclear, we will plan to implement arrangements to support the child, based on the current evidence available for their condition. We will ensure that every effort is made to involve some formal medical evidence and consultation with the parents.

Transitions

Barlows Primary school will endeavour to complete all transition arrangements within two weeks of notification of a new child.

Children starting nursery and reception will have a home visit where the Early Years Team complete an induction proforma which captures all of the necessary information, this is then shared with key staff. Medical needs are discussed prior to children's start date to allow the time to prepare for any medical conditions. On the first day of school, the Medical Welfare Assistant will ensure that parents have brought the necessary medication to school. Children will not be permitted to stay without it.

Children starting throughout the year will also have a home visit from members of staff to ensure that discussions around medical needs happen before the child/children begin school. When children have been to school in the United Kingdom, contact will be made with their previous school to gather any additional information about the child. If there is paperwork existing, it will be requested from the previous school. On the first day of school, the Medical Welfare Assistant will ensure that parents have brought the necessary medication to school. Children will not be permitted to stay without it.

Children leaving for secondary school will have a handover meeting during the summer term. In this meeting, all of the relevant medical documents will be shared with the secondary school and when necessary, the Medical Welfare Assistant will attend these meetings to share information.

When children leave mid-year a member of staff will contact the child's new school to discuss their medical needs. All of the medical information will be sent to the new school. If required, school staff will visit the new school with the child as part of their transition package.

Health Care Plans

We recognise that Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professionals and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

Where children require an individual healthcare plan it will be the responsibility of the Medical Welfare Assistant and the Assistant Headteacher to work with parents and relevant healthcare professionals to write the plan. When appropriate, the Medical Welfare Assistant will attend meetings as she is responsible for administering any non-emergency medication within school. A healthcare plan (and its review) may be initiated in consultation with the parent/carer, by a member of school staff or by a healthcare professional involved in providing care to the child. The Assistant Headteacher will work in partnership with the parents/carer, and a relevant healthcare professional who can best advise on the particular needs of the child to draw up and/or review the plan. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view. Where a child has a special educational need identified in a statement or Educational Health Care Plan (EHCP), the individual healthcare plan will be linked to or become part of that statement or EHCP.

The governing body will ensure that all plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Plans will be developed with the child's best interests in mind and ensure that the school assesses and manages the risks to the child's education, health and social well-being.

In the staffroom, medical posters for are displayed for staff reference. Within these posters are the child's name, medical condition, medication type, expiry date of medication and expiry date of medical care plan. Alongside the poster, teachers are given a copy of any health care plans children have.

Staff Training

This policy is clear that any member of school staff providing support to a child with medical needs should have received suitable training.

All staff will be provided awareness training on the school's policy for supporting children with medical conditions which will include what their role is in implementing the policy. This training will be carried out annually. We will retain evidence that staff have been provided the relevant awareness training on the policy by completing signature sheets. Suitable training will also be identified during the development or review of individual healthcare plans.

Where required we will work with the relevant healthcare professionals to identify and agree the type and level of training required and identify where the training can be obtained from. We currently run first aid training for all staff every three years. This covers:

- Recognition & Treatment of Anaphylaxis
- Use of EpiPen, Jext & Anapen
- Asthma, Hyperventilation/ Panic Attacks & Choking
- Recovery Position
- Adult, child & baby CPR

This will include ensuring that the training is sufficient to ensure staff are competent and confident in their ability to support children with medical conditions. The training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs and therefore allow them to fulfil the requirements set out in the individual healthcare plan.

A 'Staff training record' will be completed to document the type of awareness training undertaken, the date of training and the competent professional providing the training. This is reviewed regularly to ensure that when needed, staff renew their training.

Managing Medication on School Premises

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

The administration of medicines is the overall responsibility of the parents/carers. Where clinically possible we will encourage parents to ask for medicines to be prescribed in dose frequencies which enable them to be taken outside of school hours. However, the Headteacher is responsible for ensuring children are supported with their medical needs whilst on site, therefore this may include managing medicines where it would be detrimental to a child's health or school attendance not to do so. For example, when a child has been prescribed medication which must be taken four times a day, school will administer a lunch time dose with a signed parental consent form (Which can be located in the Welfare Room)

We will not give prescription or non-prescription medicines to a child under 16 without their parent's/carers written consent. A documented tracking system to record all medicines received in and out of the premises will be put in place and managed by the Medical Welfare Assistant. The name of the child, dose, expiry and shelf life dates will be checked before medicines are administered. We 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, their dosage and storage. Insulin is the exception, which must still be in date but will generally be available to schools inside an insulin pen or a pump, rather than its original container. On occasions where a child refuses to take their medication the parents will be informed at the earliest available opportunity.

All medication other than emergency medication will be stored safely in a locked cabinet, where the hinges cannot be easily tampered with and cannot be easily removed from the premise. Where medicines need to be refrigerated, they will be stored in the fridge in the Welfare room in a lockable fridge. Children will be made aware of where their medicines are at all times and be able to access them immediately where appropriate. Where relevant they should know who holds the key to the storage facility.

As the children in this school are too young to take personal responsibility for their inhalers and Epi Pens, staff will make sure that inhalers are stored in a safe but readily accessible place, and clearly marked with the child's name.

We request two inhalers for every child that has asthma. One is stored within the class medical box and one is kept in the welfare room. The other inhaler will be stored in a locker within the shared area of the bay in which that child works in. All inhalers will be placed into a medical box and stays with the class as they move around the school for different lessons and it is ultimately the responsibility of the class teacher to ensure it is with them at all times. Children use their asthma inhaler when required and this is record on the blue form kept with their inhaler. independently We also request two Epi Pens for each child who has allergies. One is stored in the welfare room and one is stored in the classroom. The Epi Pens do not stay in the

medical box as children are not permitted access to them such as with inhalers. The first response to a child having a mild allergic reaction (Appendix B) is to take their anti-histamine medication which is stored in the medical room. If this treats the allergic reaction then the child can return back to class after a period of monitoring in the welfare room and parents will be notified. If a child does not improve or is having a severe allergic reaction (Appendix C) then they may require their Epi Pen (Appendix D).

A record of what has been administered including how much, when and by whom, will be recorded on a 'record of prescribed medicines' form. The form will be kept on file.

Disposal

It is the responsibility of the parents/carers to dispose of their child's medicines. It is our policy to return any medicines that are no longer required including those where the date has expired to the parents/carers. Parents/carers will be informed of this when the initial agreements are made to administer medicines. Medication returned to parent/ carers will be documented on the tracking medication form.

Sharps boxes will be in place for the disposal of needles. Collection and disposal of these will be arranged locally by PHS.

Emergency Procedures

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and provide a process to follow. All relevant staff will be made aware of the emergency symptoms and procedures.

Where a child is required to be taken to hospital, a member of staff will stay with the child until their parents arrives, this includes accompanying them to hospital by ambulance if necessary (taking any relevant medical information, care plans etc that the school holds).

School Trips

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities with reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

The Role of Governors

The Governing Body is responsible for making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

The Role of the Headteacher

Headteachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils

in this way. They should contact the school nursing service in the case of any child 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.

The Role of all Staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help. It is the responsibility of all teaching staff to know who in their year group has a medical condition and how it can impact on them. When staff are planning activities which may involve food, they must ensure that they have consulted their medical posters and know which foods they cannot use within their class. The staff working in the kitchen know which children have allergies and ensure that they are never given food which may make them unwell. To support this, all SMSAs are aware of the allergies of all children and monitor eating at lunchtime.

The Role of Supply Staff

Supply staff will be given a medical poster highlighting the medical needs of the children in the class they will support, this is provided in the register they receive in the morning.

The Role of Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. Parents are responsible for providing the school with replacement medications when they are out of date. School will inform parents two weeks prior to the expiration of medicines allowing parents enough time to replace them.

The Role of Children

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Children will be involved in the design of health care plans. They will be taught how to use any medication they have and independence is promoted where possible.

The Role of School Nurses

Every school has access to the school nursing service. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

The Role of Liverpool Local Authority:

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

The Role of Clinical Commissioning Groups:

Clinical commissioning groups commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between

education, health and care settings. Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

Monitoring and Review

This policy is monitored on a day-to-day basis by the Headteacher, who reports to governors on request about the effectiveness of the policy. This Supporting Children with Medical Needs policy is the governors' responsibility, and they review its effectiveness annually. They do this by examining the school's medical records and by discussion with the Headteacher. This policy will be reviewed in accordance with the school's review cycle, or earlier if necessary.

Unacceptable Practice

We will endeavour to never:-

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or 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 individual healthcare plans
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children 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 child, 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 children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Suggested Reading

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must, in discharging their functions in relation to the conduct of the school, promote the wellbeing of

pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Part 3, and in particular paragraph 7 of the Schedule to the Education (Independent School Standards) Regulations 2014 sets this out in relation to academy schools and alternative provision academies.

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

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

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

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

Appendix A – Using an Inhaler

Usually blue, reliever inhalers provide on-the-spot relief from asthma symptoms and asthma attacks, relaxing airways very quickly. It should be used as soon as you notice asthma symptoms, such as coughing, wheezing, shortness of breath and tightness in the chest. Children should feel a difference to their breathing within a few minutes. Short-acting reliever inhalers (usually blue) relax the airways very quickly, to allow children to breathe more easily. In an emergency situation where symptoms come on, a short-acting reliever inhaler helps to get the medicine straight to the lungs, so it can quickly relax the muscles surrounding the airways. The airways open more widely, making it easier to breathe again. Because they act quickly they're good for an emergency – if you're having an asthma attack it's the reliever inhaler which needs to be used.

During an asthma attack

1. Sit the child up straight - don't lie them down.
2. The child should take one puff of the reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. If the child feels worse at any point while they're using the inhaler or if they don't feel better after 10 puffs or you're worried at any time, call 999 for an ambulance.
4. If the ambulance is taking longer than 15 minutes you can repeat step 2.

Appendix B - Mild Allergic Reaction

Common symptoms of an allergic reaction include:

- sneezing and an itchy, runny or blocked nose
- itchy, red, watering eyes
- wheezing, chest tightness, shortness of breath and a cough
- a raised, itchy, red rash
- swollen lips, tongue, eyes or face
- tummy pain, feeling sick, vomiting or diarrhoea
- dry, red and cracked skin



The symptoms vary depending on what you're allergic to and how you come into contact with it. For example, you may have a runny nose if exposed to pollen, develop a rash if you have a skin allergy, or feel sick if you eat something you're allergic to.

Appendix C – Severe Allergic Reaction (Anaphylaxis)

In rare cases, an allergy can lead to a severe allergic reaction, called anaphylaxis or anaphylactic shock, which can be life-threatening.

This affects the whole body and usually develops within minutes of exposure to something you're allergic to.

Signs of anaphylaxis include any of the symptoms above, as well as:

- swelling of the throat and mouth
- difficulty breathing
- light-headedness
- confusion
- blue skin or lips
- collapsing and losing consciousness

Appendix D - Administering an Epi Pen

Some people with a previous history of anaphylaxis will have an auto-injector of adrenaline.

This should be injected into their outer thigh muscle and held in place for 5 to 10 seconds.

Instructions for how to use these auto-injectors can be found on the side of each device.

You should call 999 for an ambulance. If after 5 to 10 minutes the person still feels unwell, a second injection should be given. This should be given in the opposite thigh.

A second dose may also be needed if the person improves and then becomes unwell again.

The person should lie flat, with their legs raised on a chair or a low table. If they are having difficulty breathing, they should sit up to make breathing easier.

If the person is unconscious, you should move them to the recovery position – on their side, supported by one leg and one arm, with the head tilted back and the chin lifted. If the person's breathing or heart stops, cardiopulmonary resuscitation (CPR) should be performed.