

Wentworth Primary School

Medical Needs Policy

**Date of Policy:
October 2018**

**Date of Ratification by Governors:
October 2018**

**Reviewed: May 2021
Date of next review: October 2021**



Achieving Happily

Medical Needs Policy

Children and Families Act 2014

The Children and Families Act 2014 includes a duty on schools to support children with medical conditions. Schools must make arrangements for supporting pupils at schools with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State

- Wentworth Primary School will ensure that children with medical conditions are well supported.
- Mr Langridge (Headteacher) is the named person with responsibility for supporting these children and for ensuring that sufficient staff are suitably trained.
- We have a commitment that all relevant staff will be made aware of the child's condition. The medical safety of our pupils is paramount and assuming that parents are in agreement we will ensure that all staff are aware of serious medical conditions which will include photographs of the children.
- We will provide cover arrangements in case of staff absence to ensure someone is always available, who has had appropriate training.
- We brief all supply teachers as necessary, through the SEND Information Pack produced for all classes each year.
- We undertake risk assessments for school visits and other school activities outside of the normal timetable.
- We monitor individual healthcare plans in liaison with the health practitioners.
- We invite parents to update individual health care plans annually but encourage them to communicate any significant changes sooner.

Procedure to be followed when notification is received that a pupil has a medical condition

Procedures to be followed when Wentworth Primary School is notified that a pupil has a medical condition.

We will liaise with the necessary people when we know of a child coming to or going from Wentworth Primary School and ensure arrangements are in place for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

We will not wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual healthcare plans

Some children need IHPs (Individual healthcare plans) which can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases 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 professional and parent/carer 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. The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. Where a child has SEN but does not have an EHC plan, their special educational needs should be mentioned in their individual healthcare plan as this may directly impact their medical needs.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), Wentworth Primary will liaise with the relevant services to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, Wentworth Primary School 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 eg crowded corridors, travel time between lessons;
- The specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. 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, expectations 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.

Responsibilities

Parents/carers have prime responsibility for their child's health and should provide the school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.

It is the parent/carers responsibility to make sure that their child is well enough to attend school.

There is no legal duty which requires school staff to administer medication; this is a voluntary role. While teachers have a general professional duty to safeguard the health and safety of their pupils and to act in 'loco parentis', that is, to act as any reasonable parent would, this does not imply a duty or obligation to administer medication. Staff will have access to information on pupils' medical conditions and actions to take in an emergency. Staff managing the administration of medicines and those who administer medicines will receive appropriate training and support from health professionals.

Appropriately trained staff only administer medication or provide medical care to a pupil that has a medical condition, which if not managed, could prove detrimental to their health or limit access to education. The head teacher accepts responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day only.

Prescribed Medication

Prescribed medicines should only be brought to school when essential; that is, where it would be detrimental to a child's health if the medicine were not administered during the school day.

Medicines prescribed 'three times a day' should be administered "before school, after school and at night".

However, parents and carers are allowed into school to administer medication if they so desire.

- Exceptions to this are pupils on health care plans who have individual medical needs requiring emergency medication to treat specific conditions, such as anaphylaxis.
- Should your child's medication be prescribed 4 times per day, please see section 7 below.

Wentworth Primary School will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are presented in the original container dispensed by a pharmacist.

Administering Medicines

Wentworth Primary School recognises no child under 16 should be given medicines without their parent's written consent. We would also ask parents to inform relevant teaching staff of their child's medication being left at the office. Following written consent from the parents, a member of the office staff administering medicines to a pupil should check:

- The child's name
- Name of medication
- The prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label of the original container
- If in doubt about any procedure, staff will not administer the medicine before checking with parents before taking further action.
- A written record must be kept following administration of medicines to pupils. For those pupils with long term, ongoing medications a separate log under their name will be kept with the pupil. For short term medication such as antibiotics an entry will be recorded in the main school medication log kept in the school office.
- If a child refuses to take a medicine, staff will not force them to do so, but will advise parents as soon as possible.

- Once the office have received parental consent, a note will be placed in the register reminding teaching staff to ensure the child has visited the office to take their medication.

Requests for updated medical conditions including asthma, are distributed to parents/carers at the beginning of each school year. These are collated by the Medical Needs Co-ordinator - H Reeve and registered and recorded in each child's class folder.

Additional arrangements are made for children with high medical needs and this information is available in class SEND packs, and in the staffroom if parents have agreed re GDPR. Supply staff are directed to read this information. All staff have access to this information and actions to take in an emergency.

Children with food allergies have their photographs and details displayed in the catering manager's office to ensure that food products are safe for children – these photographs are then made available for the serving staff each lunchtime. Identities are kept confidential re GDPR and only accessed by appropriate serving staff. When the kitchen is not serving the information is kept in the cook's office.

Updated medical conditions and reviews of policies and practice are monitored and disseminated by the Medical Needs Co-ordinator in liaison with the Head as they are presented.

Storing Medicines

Staff will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines must be stored safely in the pharmacist's original container and clearly labelled with the child's name, the dosage and instructions for administration.

Non-emergency prescribed medication is stored with the written parental consent in the school office. Medication requiring refrigeration is stored in the Business Manger's office fridge.

Emergency medications such as Epipens. Parents are requested to supply two Epipens for school use, due to the size of the premises – one each for the classroom and the office in a clearly labelled container with a picture of the child.

Asthma inhalers should be readily available in a clearly labelled container:

- In the Foundation Classes these are kept in the classroom with the teacher,
- KS1 inhalers are kept in the classroom with the teacher,
- KS2 inhalers are kept in the classroom. Children should know where their medicines are stored; they are not locked away.

Controlled drugs must be stored in a secure non portable container with only named staff having access. A record will be maintained of the dosage, time and a signature of who administered the controlled drug.

Parents/carers are ultimately responsible for checking expiry dates on their children's medicines, inhalers and Epi-pens and replacing as necessary. At the end of each academic year, we would ask parents to collect any medication held in school. At the beginning of the new academic year, parents will need to ensure that all medication brought into school is in date. **Oct 2018: We are aware that there is a shortage of epi-pens and the advise from government is to continue to use these pens until a new supply is ensured, even though some have passed by expiry date.**

Guidance on the use of auto-injectors in schools

September 2017 saw the publication of

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

which allows schools to purchase additional epi pens for children with a current prescription for an epi pen. Currently this is not necessary as we have two epi-pens for each child: one in their classroom and one readily available in the office. This equipment is regularly checked to ensure they are in-date. (Oct: 2018 see above note).

Updated: May 2021

Reviewed by: P Langridge