



*Children and adults are at the heart of our school;
our school is at the heart of our community.*

SUPPORTING PUPILS WITH MEDICAL NEEDS

Context

The staff at Lakeview Primary are committed to providing pupils with a high-quality education whatever their health need, disability or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

Principles

This policy and any ensuing procedures and practice are based on the following principles.

- All children and young people are entitled to a high-quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires;
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will seek to engage in effective, considerate practice, such as:

- only sending children with medical conditions home when necessary, unless this is specified in their individual healthcare plans;
- if a child becomes ill, escorting them to the school office, where they can be seen by a qualified first aider;
- ensuring pupils are able to drink, eat or take toilet or other breaks, whenever they need to in order to manage their medical condition effectively;
- ensuring children can easily access their inhalers and medication and administer their medication when and where necessary;
- being supportive of children whose attendance record is low, if their absences are related to their medical condition e.g. hospital appointments;
- support children to participate in any aspect of school life, including school visits.

Definition of health needs

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short-term health conditions or a disability** involving specific access requirements, treatments, support or forms of supervision during the course of the school day or
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions, or
- children with **mental or emotional health problems**.

This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. A person has a disability if he or she has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

The school will follow the Special Education Needs & Disability (SEND) [Code of Practice](#) where pupils who have medical conditions requiring an Education, Health Care Plan (EHC)

Roles and Responsibilities

All staff have a responsibility to ensure that all pupils at this school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability. In addition, designated staff have additional responsibilities and training needs.

Named person in school with responsibility for medical policy implementation

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Megan Holmes. She will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her responsibility to pass on information to the relevant members of staff within the school This person will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement.

Parents/carers and pupils

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents are expected to keep the school informed about any changes in their children's condition or in the treatment their children are receiving, including changes in medication. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

School staff

Every 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. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency.

The Headteacher

The headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The headteacher will ensure that all staff who need to know are aware of a child's condition. She will also ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The headteacher has overall responsibility for the development of individual healthcare plans. She will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. She will 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 Governing body

The governing body is responsible for making arrangements to support pupils with medical conditions in school, including ensuring that this policy is developed and implemented. They will ensure that all pupils with medical conditions at this school are supported to enable the greatest 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.

School health teams

Where the school health team is made aware by the school or the parent that a child has a medical condition which will require support in school, they are able to support the school in the production of the individual Healthcare Plan, this may be done in conjunction with a specialist nurse, G.P or other specialist.

Other healthcare professionals

GPs and Paediatricians may also notify the school nurse when a child has been identified as having a medical condition that will require support at school

Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

Staff training and support

In carrying out their role to support pupils with medical conditions, school staff 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 conditions, and to fulfil the requirements as set out in individual healthcare plans.

Staff will not give prescription medicines or undertake health care procedures without appropriate training. **A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.**

This policy will be publicised to all staff to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role

in implementing this policy. How staff support children with health needs and the documentation of this, is part of our staff development programme.

Procedures

Notification

Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class.

Note: The School Nursing Service offer all year R & Year 6 pupils health screening. Any medical concerns the school has about a pupil will be raised with the parents/carers. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances, the school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

Individual Healthcare Plans

Not all children with medical needs will require an individual healthcare 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 will take a final view.

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom.

Individual healthcare plans 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. This is important because different children with the same health condition may require very different support.

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 will be drawn up in partnership between the school, parents, 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 will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have an EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in an EHC plan, the individual healthcare plan will be linked to or become part of that EHC plan.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Pupils too ill to attend school

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance). The school should make a referral to the PRU medical needs Team as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, the medical needs team and the relevant medical professionals.

Medicines in school

Self-management by pupils

Children who can take their medicines themselves or manage procedures may do so, with adult supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will inform parents.

Managing medicines on school premises

The school only accepts medicines that are in-date, labelled, provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

All medicines are stored safely, in line with the storage information. A temperature-controlled fridge is located in the Medical Room, which is only used for the purpose of first aid. Children are informed of where their medicines are at all times and are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. There may be occasions when a GP has advised the use of medication, which is not on prescription. A single dose of medication will only be administered at school, when it would be detrimental to a child's health or school attendance not to do so. This may include;

- Antihistamine (for allergic reactions).
- Paracetamol (as pain relief for children with known medical conditions, such as migraines and arthritis).
- Anti-sickness medication (for school visits).

No child will be given prescription or non-prescription medicines without their parent's written consent.

A child will never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, will never be administered without first checking maximum dosages on the administration of medication record, and when the previous dose was taken. Parents will record any medication given before school, in their child's communication book. Staff will record medications given in the communication book, as well as in the administration of medication record.

The school will keep controlled drugs that have been prescribed for a pupil securely, in a nonportable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Administration must be witnessed by a second adult. Any side effects of the medication to be administered at school should be noted.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Emergency Situations

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

If a child without a healthcare plan has a medical emergency, the school will follow their emergency first aid procedures and first aid will be provided by a qualified member of staff until a paramedic arrives

Emergency Asthma Inhaler

Where parental consent has been given for the use of an emergency asthma inhaler as per the "[Emergency Inhalers in Schools Guidance](#)", an emergency asthma inhaler is kept in the Medical Room and may be used if the pupil's prescribed inhaler is not available (e.g. if broken or empty).

Miss Holmes is responsible for ensuring the protocol is followed;

- The school has a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which is kept with the emergency inhaler
- Written parental consent for use of the emergency inhaler will be included as part of a child's healthcare file

- The emergency inhaler will only be used by children with asthma, with written parental consent for its use
- Appropriate support and training will be provided for staff in the use of the emergency inhaler
- Parents or carers will be notified that their child has used the emergency inhaler

The emergency asthma inhaler kit includes: -

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used)

Storage and care of the inhaler

Amber Hunt is responsible for maintaining the emergency inhaler kit.

- a monthly check will be conducted to ensure the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers will be obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) will be cleaned, dried and returned to storage following use, replacements are available if necessary.
- the inhaler and spacer will be easily accessible to staff and not be locked away.
- the inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- the inhaler and spacers will be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler.
- the inhaler should be primed, prior to use (e.g. spray two puffs). As it can become blocked when not used over a period of time.
- used inhalers will be returned to a pharmacy for disposal.

Emergency Auto-Adrenaline Injector (AAI)

Where parental consent has been given for the use of an emergency AAI, it is kept in the Medical Room and may be used if the pupil's prescribed AAI is not available (e.g. if broken or empty).

Megan Holmes is responsible for ensuring the protocol is followed;

- The school has a register of children in the school that have been diagnosed with an allergy severe enough to require an AAI, a copy of which is kept with the emergency device
- Written parental consent for use of the emergency AAI will be included as part of a child's healthcare file

- The emergency AAI will only be used by children for whom the school has written parental consent
- Appropriate support and training will be provided for staff in the use of the emergency AAI
- Parents or carers will be notified that their child has required the AAI
- Emergency services will immediately be contacted, whenever an AAI is used.

Storage and care of the Auto-Adrenaline Injector

Megan Holmes is responsible for maintaining the emergency AAI.

- replacement inhalers will be sought when expiry dates approach;
- The AAI will be easily accessible to staff and not be locked away.
- The AAI should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- The emergency AAI will be kept separate from any child's device and will be clearly labelled to avoid confusion.

Used auto-adrenaline injectors will be returned to a pharmacy for disposal.

Defibrillator

The Defibrillator is kept in the Medical Room and should only be used in line with the DFE guidance ["Automated external defibrillators Guide" for schools.](#)

Educational Visits (including residential and sporting activities)

Pupils with medical conditions are supported to participate in school visits and sporting activities. In planning such activities, teachers will undertake the appropriate **risk assessment** and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any required adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

For residential visits, school staff may administer both prescription and non-prescription medicines, provided that written consent and medications are provided by parents/carers in advance.

Liability and Indemnity

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

Complaints

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Date agreed : November 2023

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