



POLICY FOR SUPPORTING PUPILS WITH MEDICAL CONDITIONS

2022/2023

Ark



Policy Information

Named personnel with designated responsibility for (insert)

Academic year	Designated Senior person	Deputy Designated Senior person	Nominated Governor	Chair of Governors
2015-2016	Sarah Lakeman	Carla Bowman-Vaughan	Isiah Beckford	Ann Ewing
2016-2017	Angela Batchelor	Sarah Lakeman	Isiah Beckford	Ann Ewing
2017-2018	Angela Batchelor	Alison Silke	Claire Chidzey	Ann Ewing
2018-2019	Karen Bramson	Toby Martlew	Claire Chidzey	Ann Ewing
2019-2020	Karen Bramson	Toby Martlew	Claire Chidzey	Ann Ewing
2020-2021	Sonal Desai	Sandra Smithson	TBC	Ann Ewing
2021-2022	Sam Carnegie	Sandra Smithson	TBC	Joshua Fleming
2022-2023	Sam Carnegie	Sandra Smithson	TBC	Joshua Fleming

Policy review dates (frequency of review: as needed)

Review Date	Changes made	By Whom
September 2015	Policy created	Sarah Lakeman
September 2016	Reviewed	Angela Batchelor
September 2017	Reviewed	Angela Batchelor
September 2018	Reviewed	Karen Bramson
September 2019	Reviewed	Karen Bramson
September 2020	Reviewed	Sonal Desai
September 2021	Reviewed	Sam Carnegie
September 2022	Reviewed	Sam Carnegie

Ratification by Governing Body

Academic year	Date of ratification	Chair of Governors
2014	September 1 st 2014	Ann Ewing

2015	September 1 st 2015	Ann Ewing
2016	September 1 st 2016	Ann Ewing
2017	September 1 st 2017	Ann Ewing
2018	September 3 rd 2018	Ann Ewing
2019	September 3 rd 2019	Ann Ewing
2020		Ann Ewing
2021		Joshua Fleming
2022	September 2021	Joshua Fleming

Dates of staff training for this academic year

Dates	Course Title	Staff
2014	Induction	All staff
2015	Induction	All staff
2016	Induction	All staff
2017	Induction	All staff
2018	Induction	All staff
2019	Induction	All staff
2020	Induction	All staff
2021	Induction	All staff
2022	Induction	All staff

Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

The governing body of Ark Oval Primary Academy will ensure that these arrangements fulfill their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015.

Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.

All children have a right to access the full curriculum, adapted to their medical needs and to receive the on- going support, medicines or care that they require at school to help them manage their condition and keep them well.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Our school will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with medical condition.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn.

In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Roles and Responsibilities

The Named Person(s) responsible for children with medical conditions are Samantha Carnegie and Sandra Smithson

They are responsible for

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans
- Working together with Parents/Carers, pupils, healthcare professionals and other agencies



Medical Lead
Sandra Smithson ext-100
Sam Carnegie 110

All first aid trained staff members		
Epilepsy Medical Lead <i>Toby Martlew ext-102</i>	Epi pens and allergies Medical Lead <i>Gavin Govinden ext 103</i>	Asthma Medical Lead <i>Aneesa Khan ext 118</i>
Epilepsy team (Radio contact) Ana Jen Beth Ben Anne Jon Sarah Amy Hilda	Epi pen and allergies team (Radio contact) Joy Beth Amy Sarah Maggie Sandra Sam Haneefa	Asthma team (Radio contact) All first aiders
Diabetes and Sickle cell Medical Lead <i>Sam Carnegie ext 110</i>	Glycogen Storage Disease Medical Lead <i>Sarah Downey ext 238</i>	Cystic Fibrosis Medical Lead <i>Jen Tully ext 226</i>
Diabetes and sickel cell team Jacqueline Ana Beth Kate Andrea Lindita Nieve Atlanta	Glycogen Storage Disease team Amy Anne Hilda Rochelle Anila	Cystic Fibrosis team Vlora Lorena Maggie Sam

The Governing Body is responsible for

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions.

The Head teacher is responsible for

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured

Teachers and Support Staff are responsible for

- The day-to-day management of the medical conditions of children they work with, in line with training received and as set out in IHPS
- Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.

The school nurse is responsible for

- Notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school or after been contacted by the parent / carer or school health.
- Providing support for staff on implementing a child's individual healthcare plan and providing advice and liaison including with regard to training

Admissions

When the school is notified of the admission of a pupil with medical needs the Medical Lead will complete an assessment of the support required. This might include the development of an Individual Healthcare Plan (IHP) and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or Education Health Care Plan (EHCPP). It is expected that staff with contact to a pupil with medical needs, will as a minimum be informed of the pupil's condition, and know how to respond in a medical emergency. The school will also consult with 'school health service' for further support.

Consent to administer medication

Prescribed and non-prescribed medication – each request to administer medication must be accompanied by a Parental/Carer agreement form to administer medication in school.

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Occasionally a GP or Paediatrician may prescribe that a medicine has to be taken during the school day. Parents/Carers may call into the school and administer medicine to their child, or they may request that a family member or friend comes to school to administer the medicine if it is to be administered four times a day. Only medicines to be taken four times a day, and which are for a long-term or re-occurring illness will be administered by school staff.

The Headteacher or a member of the Leadership Team must first agree the administration of the medicine if it is for a re-occurring or long-term illness. The parent or carer must supply the medicine in the original pharmacist's packaging clearly labelled including details for administration and possible side effects to the school office. Parents/Carers must complete a 'Parental/Carer agreement form to administer medicine' at school. On no account should a child come to school with medicine if he/she is unwell.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler in case the first one does not work. Parents/Carers are responsible for this medication being in date and the school will communicate with the parents/carers if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer. The school will develop IHP's for those pupils with asthma.

Inhalers are kept in the Year Group bubble first aid stations. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the First Aider. It is the parent's/carers' responsibility to ensure the medication is within the 'use by' date and replaced when necessary.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of Adrenaline Auto Injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) and NICE guidance and advice, the school will ask parents/ carers to provide 2 auto-injectors for school use. Parents/Carers are responsible for this medication being in date and the school will communicate with the parents/carers if new medication is required and a record of these communications will be kept.

Each child should have 2 have two Adrenaline Auto Injectors (AAI's) one will be kept at that Year Group bubble first aid stations and the other will be kept in the medical room attached to the office in a clearly labelled separate cupboard. AAI's are stored in boxes with a photo of the child on the outside. The majority of adults in school have received training by the school nurse to enable them to administer the AAI's in emergencies. This training is updated every year.

Mild Allergic Reaction

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc nonprescribed medication. medication will be administered following the guidance for short term ad-hoc nonprescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Hay fever

Parents/Carers will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times. The pupil must not be moved! They must be encouraged to stay 'put'.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms, then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents/carers informed.

Any pupil who has a food allergy or food concern is provided with lanyard stating the allergy or food concern which should be avoided. These lanyards are kept in the pupil's classrooms and are worn during Lunch to identify to staff their medical need.

Medical Emergencies

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHCPP, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHCPP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupil's medication isn't available staff will administer the school's emergency medication with prior parental/carer consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. This must accord with DFES guidance as well.

Instructions for calling an ambulance are displayed prominently by the telephone in the school office and also in the inside front cover of the Medical Log Administered to Individual Children folder.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHCP as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

Paracetamol may be used as pain relief for children under the age of 10, if a GP/Consultant/Dentist/Nurse Practitioner/School Nurse has prescribed its use and parental/carer consent is gained. Circumstances that might warrant the use of pain relief in the under 10's include fracture, and post-operatively general surgery. Details of the pupil's condition and the requirement for on demand pain relief must be documented on the pupils IHC. In addition to the protocol for the administration of paracetamol detailed above the school will:

If a dose of pain relief has not been administered in the past four hours the school will with parental consent administer one dose.

- Only administer paracetamol for a maximum of 1 week.
- The parent or carer will supply daily a single dose of paracetamol for administration. This can be in the form of a liquid sachet.

The school will inform the parent/carer if pain relief has been administered and the time of administration. ~~Paracetamol may not be administered to the under 10's for ad hoc unknown~~

pain/fever etc. If the school is in any doubt if symptoms warrant pain relief the school nurse will be contacted for further advice.

The school will also administer non-prescription travel sickness medication and antihistamine (Piriton) for mild allergic reactions. All other non-prescription medication will not be administered at school and pupils should not bring them to school. The majority of medication lasts 4-6 hours, therefore non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day. **A parent /carer may attend school to administer additional doses if necessary.**

Pupils with Long-term or Complex Medical Needs

Parents/Carers should provide the Headteacher or member of Leadership Team with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/carers, head teacher, school nurse, First Aiders and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) or Educational Health and Care plan (EHCP). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition. There will be at least termly provision reviews with external professionals, Parents/Carers and staff as appropriate. The academy may undertake a more frequent review cycle as required.

Impaired mobility

the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Safeguards and restrictions will be necessary on PE, practical work or playtimes to protect the child or others. A risk assessment will need to be completed before the child returns to school. This will usually be completed within 24 hours of notification of the impaired mobility.

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication, but this will always be supervised by a member of staff. Appropriate arrangements for medication should be agreed and documented in the pupil's Individual health care plan and parents/carers should complete the relevant section of 'Parental agreement for setting to administer medicine' form.

Staff Training

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (AAI's), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse/s – diabetic, sickle cell etc. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. =This information is stored and updated by the school medical leads and HR manager.

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine in the Medical Log Administered to Individual Children folder.

All medicines apart from emergency medicines (inhalers, epi-pens etc.) are kept in a locked cupboard. Medicines are always stored in the original pharmacist's container. In the event that a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and epi-pens are kept in Year group first aid stations in a clearly identified container. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons and educational visits.

Medicines that require refrigeration are kept in the Staffroom, clearly labelled in an

airtight container.

Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired, it will be returned to the parent/guardian for disposal.

Spillages

A spill must be dealt with as quickly as possible, and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the school's procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary, parents/carers will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the 'Guidance on infection control in schools and other childcare settings' from the Health Protection Agency.

Record Keeping

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 25. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day.

Recording Errors and Incidents

If for whatever reason, there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Leadership Team who will immediately inform the pupil's parent/carer. Details of the incident will be recorded locally as part of the school's local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Medicines on Educational Visits

Staff will administer prescription medicines to pupils with long-term conditions when required during educational visits. Parents/Carers should ensure they complete a consent form and supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication and antihistamine for a mild allergic reaction) cannot be administered by staff and pupils must not carry them for self-administration.

Pupils with long-term medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents/carers and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known, and copies of care plans will be taken by the responsible person.

Complaints

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Headteacher. If the issue cannot easily be resolved the head teacher will inform the governing body to seek resolution as per the complaints policy.

