

Kirby Muxloe Primary School



Supporting Children with Medical Needs 2022

Status: Statutory

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Date for review: Autumn 2024

Kirby Muxloe Primary school aims to ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy.

We are committed to safeguarding and promoting the welfare of children. Our aim is to ensure that all children with medical needs, in terms of physical and mental health, are supported properly in school so they can play a full and active role in school life, remain healthy and achieve their potential.

Kirby Muxloe Primary are committed to ensuring that parents/carers feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe.

The main aims of this policy are:

- To provide individualistic, appropriate support for all pupils with medical conditions.
- To make reasonable adjustments within the school to ensure pupils with medical conditions are included in daily activities, school trips and sporting events.
- To provide all parents/carers with the confidence that we will provide effective support for their child and ensure their safety.
- To establish relationships with relevant local health services in the implementation of effective support, as well as valuing the views of parents/carers and pupils.
- To effectively manage absences caused by medical conditions, to limit the impact on a child's educational attainment.

There is no legal duty which requires staff to administer medication: this is a voluntary role however school should take all responsible steps to ensure a child can attend school without interruption to their education. Staff who provide support for children with medical needs, or who volunteer to administer medication should receive support from the head and parents, access to information and training, and reassurance about their legal liability. Staff should, whenever they feel necessary, consult with their respective professional associations.

Definition of the term Medical Condition

A medical condition is one that is long term with acute episodes, requires ongoing support, and involves the need for medication and/or care whilst at school. The condition will need monitoring and could require immediate intervention in emergency circumstances.

Some children with medical conditions may have a disability. Where this is the case the Governing body must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care Plan (EHCP), which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEND Code of Practice (2014).

Children with medical conditions (eg anaphylaxis, epilepsy, diabetes) all have Individual health care plans (IHCP), usually written in conjunction with the school nurse, medical information and parents.

The school will:

- Ensure that students with medical conditions are identified as they transfer to the school.
- Arrange for written permission from parents/carers for medication to be administered by a member of staff, or inhalers being self-administered by the student during school hours.
- Have separate arrangements in place for school trips or other school activities outside of the normal school timetable that will ensure the student can participate (eg including individual children on risk assessments)
- Designate individuals to be entrusted with information about a student's condition where confidentiality issues are raised by the parent/child
- Have an 1:1 Learning Support Assistant trained to specifically meet the needs of students with SEN/EHCP linked to a medical condition
- Be clear about what to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their Individual Healthcare Plan
- Make all staff working directly with students aware of the students in the school with medical conditions

- Provide sufficient training for staff to meet the needs of students at the school with medical conditions

We will work with the parents and medical professionals to ensure we have specific protocols in place as soon as a child with an identified medical condition starts school, or when a child has recently been diagnosed with a medical condition in school. This may take the form of information sharing, developing specific care plans, organising training, employing new staff or reorganising classroom facilities.

Training regarding specific conditions will be delivered as required. This is usually within the term of a new pupil beginning school but if necessary before they commence their education at Kirby Muxloe Primary School. First aid training will continue to be under the guidance of the Health and Safety Policy. The school nurse liaises with the school and is available by email and phone for support. Pupils requiring continuous support for a medical condition will be given an Individual Health Care Plan (IHCP).

Individual Health Care Plans

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or when a child's medical circumstances change, whichever is sooner.

IHCPs will:

- Be clear and concise, giving brief details of the child's condition
- Be written in partnership with parents, child, healthcare professionals and key staff
- Give details of what constitutes an emergency, what action to take and who to contact
- Special requirements e.g. dietary needs, pre-activity precautions
- Be reviewed annually or when there is a change in the condition of the child
- Be easily accessible whilst preserving confidentiality in the school office
- Contain details of the medical condition, its triggers, signs, symptoms and treatments
- Include relevant SEN information
- Provide details of the student'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, modifications to buildings, furniture or equipment, and environmental issues
e.g. crowded corridors, travel time between lessons.
- Outline the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies.
- State 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.
- Outline specific support for the child's medication also, social and emotional needs. For example, how absences will be managed, changes to the school day and details of a personalised curriculum, use of rest periods or additional support in catching up with lessons, counselling sessions etc.

Parental Responsibilities

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and the parent/carer must supply the school with all relevant medical information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of professionals. We are unable to write a care plan or support a child with medical needs without specific medical information about the child's needs. This would be produced by a medical professional or may come via a documental phone conversation between the school and the child's doctor (following parental authorisation). This is to ensure that any care/ support given is in line with the medical advice.

It is expected that

- Parents will inform the school of any medical condition which affects their child and provide evidence where requested.
- School is alerted of any changes to their child's condition or medication and make sure school have up to date information for the child's individual care plan.
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container and details included inside the container.
- Parents will ensure that medicines to be given in school are in date and clearly labelled.
- Parents will co-operate in training their children to self-administer inhalers if this is appropriate.
- Inform the school of any food allergies.
- Relevant forms are completed and signed for the administration of medication.

Management of medication

Pupils will not be able to carry any medication with the exception of epipens, inhalers for asthma control, or care plan specified medication. No pupil is allowed to carry any non-prescription drugs in school; this is to ensure that no pupil unwittingly or otherwise gives another pupil his or her medication.

Managing medicines during the school day

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask doctors for timed-release medication for a minimum number of daily doses.

Prescription Medication

All prescribed medication and pain relief will be given as necessary. Other medication needs to be agreed with school prior to administration.

Medicines **MUST** be **in date, labelled**, and provided in the **original container** (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

A named member of staff may administer such a drug to whom it has been prescribed, according to the instructions. No medication will be given without first checking the maximum dosages and when the previous dosage was taken.

Medicines will be stored strictly in accordance with the medications instructions (with particular note to temperature), and in the original container.

Emergency medication such as inhalers and epipens:

- Should be readily available to pupils and accessed easily and quickly at all times of the day.
- Must follow the child to the sports field and swimming pool.
- At other times kept in the agreed places e.g medication cupboard in new building, classrooms or school office.
- Epipens should be kept in a sealed box with the child's name on and relevant information kept in the box.

All other medicines except emergency medication and inhalers should be kept securely (in the office or staff room fridge). Controlled drugs with the exception of emergency must be 'doubly' secured at all times to ensure no unauthorised access is likely.

Any medications left over at the end of the course will be returned to the child's parents.

Epipens (Adrenaline Auto Injectors)

Epipens are stored in clear plastic boxes with the picture of the child on the outside and the care plan enclosed. Parents/carers have the responsibility of checking whether the medication is in date, however this will also be checked annually by school staff when the children change class. School do hold some emergency epipens.

Asthma Inhalers

Children with asthma should have easy access to their inhaler, which must be clearly marked with their name. Children from Year 3 and above are expected to take care of their own inhalers. Inhalers for younger children should be kept in a clearly marked box in the classroom or the school office. Medicine should not be locked away. School holds emergency inhalers.

Recording

When a parent requests administration of medication the form in appendix must be completed. When the administration of non-emergency medication is required staff may exercise their voluntary right to not administer, this right may be selective on the grounds of the type of medication in question.

Medication (other than epipens and asthma inhalers) are stored in the office and generally dispensed by office staff. When a child takes medication the dose and time are recorded. Younger children with spacers for their inhalers may need supervision by staff in order to ensure they are used appropriately.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records. Parents should be informed immediately. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Any medications left over at the end of the course will be returned to the child's parents.

Sharp boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician.

Emergencies

If emergency treatment is required an ambulance should be contacted and immediate contact made with parents. If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Where an IHCP is in place, it should detail:

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

When contacting 999 for an ambulance, staff should be ready to give the following information and be ready to repeat information if asked:

- The school telephone number-- 0116 2393410
- Give location of school-- Barwell Road, Kirby Muxloe, Leicester LE9 2AA
- Give your name
- Give the name of the child and a brief description of their symptoms
- Inform ambulance control of the best entrance and state that the crew will be met and taken to the location.

Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Diarrhoea and vomiting

Diarrhoea and vomiting are common in adults, children and babies. They're often caused by a stomach bug and should stop in a few days.

It commonly affects children and staff and can be caused by a number of different germs, including viruses, parasites and bacteria. Infections can be easily spread from person to person, especially in children. In general, it is recommended that

any staff member or child with diarrhoea and/or vomiting symptoms must stay away from the school until they have been free of symptoms for 48 hours (the '48 hour rule') and feel well.

If your child is sick at school, we will ask you or your emergency contact to take your child home. They should not return for 48 hours. We appreciate that this is inconvenient in many cases, and you may not believe your child is ill, but you will appreciate that we do this in all cases and it should reduce the risk of infection for all children in school.

Diarrhoea and vomiting can spread easily so it is important to stay off school until you have not been sick or had diarrhoea for at least 2 days (48 hours). Please call the school if your child is unable to attend due to diarrhoea and vomiting.

NHS advice for diarrhoea and vomiting is available [here](#). As an example, if your child is sick at lunchtime on a Tuesday, they should not return to school until after lunch on Thursday, provided there have not been any further episodes of vomiting.

Thank you for your understanding with this. Further guidance on infection control may be found on the [Public Health England Website](#).

Managing medicines on trips

When arranging a school trip, staff carry out a Educational Visits Risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Children with medical needs will be encouraged to take part in residential visits. The responsible member of staff will carry out a specific and additional risk assessment.

Where children without care plans have been prescribed medication parents should include these details in the EVF. Medication should be in the original packaging.

PE and Sporting Activities

Any restriction to PE / sports activities must be noted in the care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them (this constitutes differentiation of the curriculum).

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider

whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own inhalers (and some medication for long term needs) from a relatively early age and schools should encourage this. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. Parent/ carer needs to fill in the consent for pupils to administer their own medication.

If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.

As an inclusive school we strive to ensure that children with medical conditions fully participate in school life. Please refer to appendix F for practices we avoid in the school (taken from the DFE 'Supporting pupils at school with medical conditions' 2014).

Roles and Responsibility

The ultimate responsibility for the management of this policy in school is with the Head teacher. The Assistant Head Teacher will manage the policy on a day--to--day basis and ensure all procedures and protocols are maintained.

Liability and Indemnity

The Governing Body of Kirby Muxloe Primary School ensure that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions.

- Staff who undertake responsibilities within this policy are covered by the school's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Head Teacher or School Business Manager

Complaints

Should any parent or carer be unhappy with any aspect of their child's care at Kirby Muxloe Primary School, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance. If this does not resolve the problem then it should be taken to a member of the Senior Leadership Team.

In the unlikely event of this not resolving the issue, the parent/carer can make a formal complaint using the school Complaints Procedure. This policy will be reviewed when necessary ensuring new legislation is incorporated. Staff will regularly receive opportunities to discuss and evaluate the management of the procedures and protocols in school.

This policy will also be made available to parents on the school website. We will ask parents for annual updates regarding medical information.