



Kind, Respectful, Safe

The Clara Grant Primary School Medical Needs Policy

Article 3: The best interests of a child must be a top priority in all things that affect pupils

Date policy last reviewed:	September 2021
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Signed by:

Karen Symons

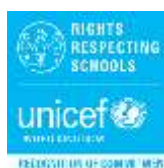
Headteacher

Date: 21/02/2022

Mark Taylorson

Chair of Local
School Committee

Date: 21/02/2022



Introduction

Clara Grant School is an inclusive community that welcomes and supports pupils with medical conditions. We provide pupils with medical conditions the same opportunities as other pupils.

We are a Rights Respecting School and subscribe to UN Convention on the Rights of the Child. We have been particularly guided by the following articles when considering our response to children with medical needs:

Article **3**: All adults should do what is best for you. When adults make decisions, they should think about how their decisions will affect children.

Article **6**: Every child has the right to life.

Article **23**: You have the right to special education and care if you have a disability/special needs.

Article **24**: You have the right to safe water, nutritious food and a clean and safe environment.

Statement of intent

The Local School Committee of Clara Grant Primary School has a duty to ensure arrangements are in place to support pupils with medical conditions. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

We believe that it is important that parents/carers of pupils with medical conditions feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment.

There are also social and emotional implications associated with medical conditions. Pupils with medical conditions can develop emotional disorders, such as self-consciousness, anxiety and depression, and be subject to bullying. This policy aims to minimise the risks of pupils experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

In addition, some pupils with medical conditions may also have SEND and have an education, health and care (EHC) plan collating their health, social and SEND provision. For these pupils, compliance with the DfE's 'Special educational needs and

disability code of practice: 0 to 25 years' and the school's SEND Policy will ensure compliance with legal duties.

To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, pupils and their parents/carers.

Legal framework

This policy has due regard to legislation including, but not limited to, the following:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The National Health Service Act 2006 (as amended)
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017

This policy has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'Guidance on first aid for schools'
- Ofsted (2015) 'The common inspection framework: education, skills and early years'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

Roles and Responsibilities

The SENDCo and Assistant Head teacher, Anthony Leete holds overall responsibility for implementation of this policy.

He will, where pertinent, involve other agencies such as the school nursing service should a pupil with a medical condition require support that has not yet been identified.

The role of the Local School Committee

The Local School Committee:

- Is legally responsible for fulfilling its statutory duties under legislation.

- Ensures that arrangements are in place to support pupils with medical conditions.
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support.
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made.
- Ensures that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensures that policies, plans, procedures and systems are properly and effectively implemented.

The role of the Head Teacher

The Head Teacher:

- Ensures that this policy is effectively implemented with stakeholders.
- Ensures that all staff are aware of this policy and understand their role in its implementation.
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Has overall responsibility for the development of IHPs.
- Ensures that staff are appropriately insured and aware of the insurance arrangements.

The role of parents/carers

Parents/carers:

- Notify the school if their child has a medical condition.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Are involved in the development and review of their child's IHP.
- Carry out any agreed actions contained in the IHP.

- Ensure that they, or another nominated adult, are contactable at all times.

The role of pupils

Pupils:

- Are fully involved in discussions about their medical support needs.
- Contribute to the development of their IHP.
- Are sensitive to the needs of pupils with medical conditions.

The role of school staff

School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so.
- Take into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

This policy is the result of working with a range of local key stakeholders within both the school and health settings: pupils, parents, school staff, LBTH medical support staff, Governors and relevant local health services. Their views have been taken into account in the formulation of this policy.

Communication

The arrangements for the care of children with medical needs is supported by clear communication between staff, parents and other key stakeholders.

1. Parents reporting medical needs to the office will be advised of school procedures. Parents reporting medical needs to teachers, including those asking that school staff administer medication to their children, will always be sent to the office for advice (*with the exception of the Nursery teacher – see below*).
2. Office staff (*and the Nursery teacher*) ensure that the parents sign a Medication Administration form if they require school staff to administer medicine. In most instances (creams, asthma pumps etc.) the children are able to self-medicate, with adult supervision, in the office. Children attending Nursery are supported to do this by a member of the Nursery staff.
3. If the medicine is to be taken during school hours, the office will issue a 'Medical Alert Slip' which the parent or child will deliver to the teacher. The teacher will then ensure the child returns to the office at the appropriate time(s). *The Nursery teacher and Nursery Nurse are authorised to administer medicines to children attending the Nursery.*

Office staff liaise on a regular basis with the SENCo who has oversight for children with medical needs. The SENCo will also maintain regular contact with the School Nursing service and organise the completion of the school's health needs profile annually with the cooperation of the nurse. Similarly, he liaises, as required, with other medical and social care personnel in the Borough and those medical professionals linked to specific children with medical needs.

4. Where one has been allocated to the school by the School Nursing Service, the School Nurse will visit regularly and operate from the Family Support Partner's office. S/he will receive referrals from senior and office staff and provide clarification and advice as required.

Individual Health Care Plans (IHP)

Every child with a notifiable condition has an individual health care plan (IHP). This is kept in a central register in the medical cupboard in the office, and details exactly what care a child needs in school. A further copy is given to the child's class teacher. In situations where a child's medicine is stored in the classroom a copy of the IHP is also stored alongside the medicine. The care plan is typically drawn up by the school nurse or other concerned healthcare professional, with input from the parent/carers and any relevant school staff. The Nursery teacher keeps completed Medication Administration forms, alongside the respective medicines, in a secure cupboard or the fridge within the Nursery Cupboard.

Staff Training

School staff are aware of the medical conditions present within the school and understand their duty of care to pupils should an emergency arise. For those children with serious and life-threatening conditions an information sheet is compiled which includes a photograph of the child and details of the condition. Relevant staff receive training in what to do in an emergency.

Children's care plans explain what help they need in an emergency. The care plan will accompany a pupil should they need to attend hospital. Parental permission will be sought for sharing the care plan within emergency care settings.

Staff who have children with specific or complex conditions in their care, attend training (*e.g. in the use and maintenance of shunts or feeding/hydration pegs*) where they are trained in appropriate care techniques.

Designated First Aiders are as follows: Karen Symons, (Middle floor) Christopher Coyle (Ground floor) and Fiona James (Top floor). In each of the EYFS classrooms there is a designated Paediatric First Aider. Teaching and support staff are trained in Emergency First Aid on a rolling programme (approx. 10 at any one point).

If a child complains of feeling ill, a period of recuperation is offered unless they are clearly in distress. If they continue to complain, the child is taken to the office (though staff are aware that occasionally a child may try use this as a strategy for going home, for any number of reasons!). Class teachers do not have the authority

to send a child home; that decision lies with the Head teacher. Teachers and TAs should never call a parent without first getting this authorisation.

Accidents involving blood are dealt with sensibly and sensitively. Hands should be protected from contact with blood with gloves, however in an emergency something else like an empty crisp packet or plastic bag can be used.

Staff understand and are trained in the school's general medical emergency procedures. They know what action to take. If a pupil needs to attend hospital, a member of the senior staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

First Aid/Medical - There is a medical box located in the Main Office, the staffroom, the Nursery and the ground floor group room (previously known as the breakfast room). Each classroom has a basic first aid kit stored in a bag to be worn round the waist. This should be taken on all class trips in case of emergency.

Guidance on administering medication at school.

Staff understand the importance of medication being taken as detailed in the pupil's care plan, or as per dosage instructions advised on the side of prescription medication.

Where the administration of a medication is outside the usual methods (pills, creams and small oral doses of a medicine), we ensure that more than one staff member is trained to administer the medication and meet the care needs of any individual child. We ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The school has 3rd party public liability insurance.

We will not give medication (prescription or non-prescription) to any child under 16 without a parent's written consent except in exceptional circumstances. Staff will not administer any pain relief medication, *e.g. paracetamol or Calpol*, without permission from the parent/carer first.

When administering medication, for example pain relief, staff will check the maximum dosage and when the previous dose was given. Parents will be informed. This school will not give a pupil under 16 Aspirin unless prescribed by a doctor.

We will ensure that a trained member of staff is available to accompany a pupil with a medical condition on off-site visits, including overnight stays.

Parents understand that they should let the school know immediately if their child's needs change.

If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

Guidance on the storage of medication and equipment at school.

With the exception of Auto Adrenaline Injectors, all medicines are stored centrally in the school office either in the fridge if necessary or in a secure cupboard. The

exception to this is medicines to be administered to children attending the Nursery. These will be stored within a secure cupboard or the Nursery fridge, as appropriate, sited in the Nursery itself. All medicines should be current, clearly labelled and in the original packaging. The cupboard is checked termly, with expired products being disposed of or returned to parents and replacements sought from parents.

This school will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.

All concerned pupils and their support adults know where to access their medication.

Auto Adrenaline Injectors (AAI)

Where a pupil has been prescribed an AAI, this will be written into their IHP. For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and central location (the school office for children in Year 1 and in their respective classrooms for children in Reception and Nursery). Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession. The school cook is regularly informed and updated regarding any children with a known food allergy, and maintains a photographic record in the school kitchen. In addition, all children with allergies have these listed on a fob which they place round their neck on entry into the dinner hall. This alerts dinner staff to their allergy and ensures no children is given a known allergen in the dinner. The children are also briefed to ensure that they themselves have good knowledge of the cause and consequence of eating the 'trigger' food.

In September 2018 all staff members were trained in how to administer an AAI, and the sequence of events to follow when doing so.

The school will keep 2 spare AAIs for use in the event of an emergency, which will be checked on a regularly to ensure that it remains in date and will be replaced when the expiry date approaches. This will be stored in the medical cupboard, ensuring that it is protected from direct sunlight and extreme temperatures.

The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

- For children under the age of six, a dose of 150 micrograms of adrenaline will be used.
- For children aged 6-11 years, a dose of 300 micrograms of adrenaline will be used.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the class teacher will give consideration to taking a spare AAI in case of an emergency.

Guidance on record keeping.

Parents are asked if their child has any medical conditions on the enrolment form or at the enrolment interview, and this is recorded on the school database. Annual updates are requested to ensure the database is current. Parents are expected to inform the school immediately should their child develop an allergy or medical condition.

Care Plans record the support an individual pupil needs around their medical condition. Copies are kept in the medical cupboard file and in their classroom. In addition, a 'Medical Alert' list is stored on the Inclusion Drive and in the medical cupboard. Both are regularly reviewed, at least every year or whenever the pupil's needs change, by the School Nurse in consultation with the SENCo.

We ensure that the pupil's confidentiality is protected, and always seek permission from parents before sharing any medical information with any other party.

Guidance on including children with medical needs.

- We have made our physical environment as physically accessible as possible for children with temporary or permanent mobility and medical needs. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits. Prior to an activity or trip taking place, the school conducts a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice is sought from pupils, parents/carers and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.
- Staff are sensitive to the potential for bullying of children who are 'different' and apply our Rights Respecting School, and general anti bullying, ethos to all situations where this is applicable. We use opportunities such as PSHE and science lessons to raise awareness of medical conditions and to help promote a positive environment.
- All children have a right to, and are expected to, take part in physical activity as part of having a healthy lifestyle. Appropriate adjustments will be made for children with medical needs, in consultation with parents and healthcare professionals. This may, of course, include being excused from the activity altogether if it is clearly detrimental to the child's health or wellbeing. Staff understand that they need to seek guidance from the SENDCo if they have any queries.
- Staff refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

Unacceptable practice

The school will never:

- Assume that pupils with the same condition require the same treatment.

- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil and/or their parents/carers.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions, or their parents, for their attendance record, where the absences are the direct result of their condition. Medical certificates will need to be provided to support these absences.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Guidance on children educated Out of School.

School staff will work with home tutors or hospital education staff to provide activities if a child is to be home educated or educated in a hospital setting. This will include communication such as letters and photographs, Skype opportunities with classmates and similar which will help to lessen the isolating effects of such provision. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), school will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

Staff at Clara Grant will work in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

Liability and indemnity

The Local School Committee ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with **Department of Education Risk Protection Arrangement** covering healthcare procedures. The policy has the following requirements: All staff must have undertaken appropriate training. All staff providing such support are provided access to the insurance policies. In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

This policy will be reviewed annually by the SENCO.

