



Primary School

July 2021

Supporting Pupils with Medical Conditions Policy

Statement of intent

The governing body of Greenholm Primary School has a duty to ensure reasonable adjustments are in place to support pupils with medical conditions. The aim is to ensure pupils 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.

Greenholm Primary School believes it is important it is important to make reasonable adjustments so 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.

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.

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.

Parents have the prime responsibility for their child's health and as such must provide schools with up to date information about their child's health needs and provide the currently prescribed medication. Parents will be responsible for ensuring that prescribed medication (Epipen, Piriton, insulin) is in date.

This policy has due regard to the following school policies:

- **SEND Policy**
- **Drug and Alcohol Policy**
- **Complaints Procedure Policy**

1. The role of the headteacher

1.1. The headteacher:

- 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.

2.The role of parents/carers

1.2. 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.
- **ENSURE THAT ALL MEDICATION IS IN DATE.**

2. The role of pupils

2.1. 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.

3. The role of school staff

3.1. 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 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.

4. The role of the school nurse

4.1. The school nurse:

- At the earliest opportunity, notifies the school when a pupil has been identified as having a medical condition which requires support in school.
- Supports staff to implement IHPs and provides advice and training.
- Liaises with lead clinicians locally on appropriate support for pupils with medical conditions.

5. The role of other healthcare professionals

5.1. Other healthcare professionals, including GPs and paediatricians:

- Notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHPs.
- May provide support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy.

6. The role of providers of health services

6.1. Providers of health services co-operate with the school, including ensuring communication, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

7. Staff training and support

7.1. Any staff member providing support to a pupil with medical conditions receives suitable training.

- 7.2. Staff do not undertake healthcare procedures or administer medication without appropriate training.
- 7.3. Training needs are delivered by the school nurse or another relevant medical professional .
- 7.4. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHPs. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.
- 7.5. The school nurse confirms the proficiency of staff in performing medical procedures or providing medication.

8. Self-management

- 8.1. Following discussion with parents/carers, pupils who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- 8.2. Where possible, pupils are allowed to carry their own medicines and relevant devices.
- 8.3. Where it is not possible for pupils to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- 8.4. If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP is followed.
- 8.5. Following such an event, parents/carers are informed so that alternative options can

9. Individual healthcare plans (IHPs)

- 9.1. The school, healthcare professionals and parent/carer(s) agree, based on evidence, whether an IHP is required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher makes the final decision.
- 9.2. The school, parent/carer(s) and a relevant healthcare professional work in partnership to create and review IHPs. Where appropriate, the pupil is also involved in the process.

10. Managing medicines

- 10.1. In accordance with the school's policy, medicines are only administered in **special circumstances** at school when a child has a long term and ongoing health issues.
- 10.2. The school only accepts medicines that are in-date, labelled, in their original container, and that contain instructions for administration, dosage and storage. The

only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

- 10.3. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately, whether in school or attending a school trip/residential visit. Where relevant, pupils are informed of who holds the key to the relevant storage facility.
- 10.4. When medicines are no longer required, they are returned to parents/carers for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- 10.5. Controlled drugs are stored in a non-portable container and only named staff members have access; however, these drugs are easily accessed in an emergency. A record is kept of the amount of controlled drugs held and any doses administered.
- 10.6. The school holds asthma inhalers for emergency use. The inhalers are stored in the school office and their use is recorded.
- 10.7. Staff may administer a controlled drug to a pupil for whom it has been prescribed. They must do so in accordance with the prescriber's instructions.
- 10.8. Records are kept of all medicines administered to individual pupils – stating what, how and how much was administered, when and by whom. A record of side effects presented is also held.
- 10.9. CHILDREN WILL NOT BE ALLOWED TO ATTEND SCHOOL WITHOUT IN DATE MEDICATION.

11. Adrenaline auto-injectors (AAIs)

- 11.1. A Register of AAIs will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in the school office for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

For pupils who have prescribed AAI devices are stored in a suitably safe and central location: the school office.

- 11.2. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.
- 11.3. If necessary, other staff members may assist the designated staff members with administering AAIs, such as where the pupil needs restraining.

- 11.4. The school will keep a spare AAI for use in the event of an emergency, which will be checked on a termly basis to ensure that it remains in date and will be replaced when the expiry date approaches.
- 11.5. The spare AAI will be stored in the school office, ensuring that it is protected from direct sunlight and extreme temperatures.
- 11.6. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained.
- 11.7. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.
- 11.8. 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.
- 11.9. Where a pupil appears to be having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.
- 11.10. In the event that an AAI is used, the pupil's parents/carers will be notified that an AAI has been administered and they will be informed whether this was using the pupil's or the school's device.
- 11.11. Where any AAIs are used, the following information will be recorded in the Administering Medicines Book
Record:
 - Where and when the reaction took place
 - How much medication was given and by whom
- 11.12. In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

Day trips, residential visits and sporting activities

- 11.13. Pupils with medical conditions are supported to participate in school trips, sporting activities and residential visits.
- 11.14. Prior to an activity 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.
- 11.15. The school will arrange for reasonable adjustments to be made for all pupils to participate.

12. Complaints

- 12.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.
- 12.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Procedure Policy.

13. Defibrillators

- 13.1. The school has 3 automated external defibrillator (AED).
- 13.2. The AEDs are stored in the medical room, office and the jubilee block in an unlocked cabinet.
- 13.3. All staff members and pupils are aware of the AED's location and what to do in an emergency.
- 13.4. A risk assessment regarding the storage and use of AEDs at the schools has been carried out.
- 13.5. No training is needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members are trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.
- 13.6. The emergency services will always be called where an AED is used, or requires using.
- 13.7. Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.
- 13.8. Maintenance checks will be undertaken on AEDs on a weekly basis, with a record of all checks and maintenance work being kept up-to-date.

14. Policy review

- 14.1. This policy is reviewed on an annual basis .
- 14.2. The scheduled review date for this policy is July 2021.

