



Longford Primary School



Member of staff responsible: Headteacher

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Date approved by the full Governing body: Spring 2015

Date to be reviewed: Autumn 2017

Managing Medical Needs

At Longford Primary School we aim to work together to achieve happiness and success for everyone.

The school staff and Governors recognise that some pupils will require medication at school to enable them to access the curriculum and improve the quality of school and home life.

Longford Primary School aims to:

- * Give all children access to a broad, balanced, relevant and differentiated curriculum in order to achieve maximum potential;
- * Create a caring, supportive and stimulating environment;
- * Create an ethos of high expectation and celebrate personal success both in school and from outside school activities;
- * Foster self-esteem and value as an individual;
- * Promote self-awareness and respect for others;
- * Meet the needs of learners with specific medical conditions;
- * Meet the needs of learners with special educational needs;
- * Provide a smooth transition for all children moving through or coming into and out of our school through effective communication and liaison.

Overall responsibility for the support of pupils with medical needs lies with the Headteacher.

The Headteacher will ensure that:

- sufficient staff are suitably trained;
- all relevant staff will be made aware of the child's condition;
- cover arrangements in case of staff absence or staff turnover will ensure someone is always available;
- supply teachers will receive briefing on medical needs;
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable include provision for medical needs;
- individual healthcare plans are monitored and reviewed at least annually.



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Procedure to be followed when notification is received that a pupil has a medical condition

When the school is notified that a pupil has a medical condition a meeting should be held between the parents and the person responsible for updating individual healthcare plans, Mrs Machin, to ensure all facts are known.

Mrs Machin, Home /school link worker, will request further advice from the school nurse and any previous setting and formulate a healthcare plan under guidance of the school nurse.

Training needs for staff will be identified and arranged through the school nurse.

Parents will sign the completed plan to ensure they are satisfied with the arrangements in place.

All staff will be informed of the updated healthcare plan (held on the school system and on display in the staffroom)

Procedure to be followed on transition

The healthcare plan will be discussed when pupils are transferring between classes at Longford or to other schools.

Documentation will follow the child to a new setting (securely, to a designated member of staff).

Parents of children new to nursery or reception classes will be asked to inform the school in advance of any medical needs to allow time for plans to be created before the child starts at school.

In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

Longford Primary School recognises that we do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Individual Healthcare Plans

The governing body will ensure that health care plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be 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 the child has a special educational need identified in a statement or Education and Health Care plan (EHC), the individual healthcare plan should be linked to or become part of that statement or EHC plan.



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Information recorded on individual healthcare plans will include:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil'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 and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- 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;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom 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.

Responsibilities

The Governing Body – will make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life. They 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.



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The Headteacher – will ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition and ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of individual healthcare plans and will make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way. The Headteacher 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.

School staff - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any 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.

School nurse - every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. The school nurse will support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. The School nurse can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example from local specialist nursing teams and community nursing teams.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

Pupils – Children with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Parents – They should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the



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development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authority – are commissioners of school nurses for maintained schools and have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services - should co-operate with schools that are supporting children with a medical condition, including appropriate communication and liaison.

Staff training and support

Staff will be supported in carrying out their role to support pupils with medical conditions. The school nurse and Headteacher will discuss the medical needs and any training for staff when the individual healthcare plan is formulated. Training needs will be reviewed at least annually. Commissioning of training will be under the advice of the school nurse or medical professionals involved in the care of the children.

Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Whole school awareness training will be undertaken annually so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. Induction arrangements for new staff should include awareness of medical conditions. The relevant healthcare professional should be able to advise on



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training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Children who are competent to manage their own health needs and medicines will be encouraged and assisted to do so. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

No child at Longford will be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

Longford Primary School will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist 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 to schools inside an insulin pen or a pump, rather than in its original container.

All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. A medical box is located in each classroom for asthma inhalers and emergency devices. This is taken with children when outside of school premises eg on school trips.

A child who has been prescribed a controlled drug may legally have it in their possession however we will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs will always be easily accessible in an emergency. A record will be 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 and should do so in accordance with the prescriber's instructions. A record will be kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should also be noted.

When no longer required, medicines should be returned to the parent to arrange disposal.



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Emergency Situations

Where a child has an individual healthcare plan, this should 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 should know 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 should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. **Please note that if an ambulance is called for, the caller must clearly identify the school post code and location as the phone system incorrectly registers the call from Council buildings in Stafford.**

Day trips, residential visits and sporting activities

Children with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, and not prevented from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Schools will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

Other issues for consideration

From Autumn 2014, a spare asthma inhaler will be held in school for use by any child already diagnosed with asthma whose own device is not available when required. Further details on the use of this device will be added when made available by the school nurse.

Unacceptable practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.

Insurance

Longford Primary is insured and the policy covers the administration of prescribed medication to pupils by staff members to support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer, Staffordshire County Council.



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Complaints

The Governing Body has approved a complaints policy and procedure setting out how complaints may be made and will be handled, including concerning the support provided to pupils with medical conditions. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.



Annex A: Model process for developing individual healthcare plans

