

Supporting Children with Medical Needs Policy

Introduction

This policy is written in line with the statutory guidance and non-statutory advice from the DfE 'Supporting Pupils at School with Medical Conditions' April 2014.

The school recognises that:

- Pupils with medical conditions should be properly supported so that they have full access to education, including school trips and physical activities.
- Parents of children with medical conditions are often concerned that their child's health will deteriorate because their conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well.
- There are social and emotional implications associated with medical conditions that may lead children to become self-conscious which may lead to anxiety.
- Long term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general well-being and emotional health.

We aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. To provide effective support for pupils with medical conditions the school will work co-operatively with other agencies. The school will continue to use its strong links with the local authority child and family service and use its partnership with other agencies through the Council's new operating model to work closely with agencies to ensure that children and families are offered appropriate support.

Role of the Governing Board

The governing board of the school is responsible for ensuring that arrangements are in place to support pupils with medical conditions. They must ensure that such children can access and enjoy the same opportunities at school as any other child.

The governing board will take into account that medical conditions that require support may affect quality of life or be life-threatening and ensure that the focus is on the needs of each

individual child and how their medical condition impacts on their school life. It is recognised that every child should be treated as an individual and that the same condition may not require the same treatment as that of another child.

The governing board will ensure that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, the governing board will ensure that the health of other pupils in the school is not put at unnecessary risk from infectious diseases and may not accept a child if it would be detrimental to the health of others.

The governing board will ensure that this policy and any procedures for supporting children with medical conditions are implemented and that sufficient staff have received suitable training and are competent before taking on the responsibility to support children with medical conditions.

Role of the Head Teacher

The Head Teacher will:

- Ensure that the policy is effectively implemented and that the school works in partnership with other agencies.
- Ensure staff are aware of the policy and understand their role in its interpretation
- Ensure that there are sufficient trained staff to deliver individual health care plans and that contingency plans are in place.
- Have overall responsibility for the development of individual health care plans.
- Ensure that the school nursing team have been contacting regarding all children with medical conditions.

Role of School Staff

Any member of 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. Staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. All staff will be expected to know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Working Together with other agencies

The school nursing service will notify the school of any pupil with a medical condition where they have been identified. The school will work with the school nurse on the implementation of an individual healthcare plan and to seek advice, training and liaison with

other specialist healthcare professionals. The school will follow medical advice and medical evidence given by healthcare professionals.

Role of Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical condition. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan. Parents should carry out any action they have agreed to as part of the plans implementation. Parents will not be asked to, or be made to feel obliged to attend school to administer medication or medical support (including toileting).

Arrangements

The governing board has delegated the responsibility for policy implementation to the Head Teacher. The schools named person for supporting children with medical needs is Mrs Lyanne Ellitts.

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

Once notification has been received that a pupil has a medical condition the Head Teacher and Named Person will liaise with an appropriate health care professional. The school aims to have arrangements to support the child in place within two weeks so that the child can benefit from the learning opportunities available at the school and to remove barriers to their engagement.

Individual Health Care Plans

Individual health care plans can help to ensure that we can effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom. Not all children will require a health plan but they are essential for those children with long-term and complex needs and where there is a high risk of emergency intervention. Agreement to not have a health plan will need to be made by the school, a healthcare professional and the parents.

Individual health plans will be drawn up in partnership with the child's parents and a relevant health care professional, who can best advise on the particular needs of the child. Where developmental appropriate, the views and wishes of children will be incorporated into the plan.

The schools Individual Health Plan will include:

- The medical condition, its triggers, signs, symptoms and treatments

- The pupils resulting needs including medication, dosage, equipment, access to food and drink, dietary requirements and environmental issues
- Specific support for the pupils educational, social and emotional needs
- The level of support needed including in emergencies
- Who will provide support for the child and what support will be available from a healthcare professional
- Cover arrangements during staff absence
- Who in the school will need to be aware of the child's condition and be entrusted with information
- Arrangements and procedures for school trips including risk assessments where appropriate
- What to do in an emergency

Staff training

Any member of staff identified to support a child with a medical condition will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. During the development of a child's individual health plan the level of expertise of the staff identified to support the child will be identified and with the support of the healthcare professional the type and level of any training required will be identified. Staff may not need extensive training but will need an understanding of the specific medical condition, their implications and preventative measures.

Staff will not be permitted to give prescription medicines or undertake health care procedures without appropriate training. First aid training does not constitute appropriate training in supporting children with medical conditions.

All staff will receive training on the implementation of this policy and this policy will form part of the induction programme for new staff.

Training may be provided by an appropriate healthcare professional or an external provider depending on the advice of the healthcare professionals involved and the level of proficiency of staff and the level of need.

Procedures for Supporting Children

Child's Role in Managing their own needs

The school recognises that due to the young age of the pupils it is unlikely that children will be able to manage their own health needs. The school encourages the development of independence and self-help skills and will work with the child's parents and healthcare

professionals to encourage children to develop these skills under supervision where it is appropriate.

Where a child refuses to take medicine or staff are unable to carry out a procedure due to the age of the child, staff will follow the agreed procedure in the individual healthcare plan and inform the child's parents.

Managing Medicines in School

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- No child will be given prescription or non-prescription medication without their parent's written consent
- The school will only accept prescribed medicines which are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. Insulin provided in an insulin pump or pen, rather than in its original container will be accepted.
- All medicines will be stored safely in a locked cabinet. Due to the age and development level of pupils, all equipment including inhalers, will be stored out of the reach of children. This is not to prevent children from accessing their medication, but is to prevent unnecessary harm being caused to the child or other children if the medication is taken unsupervised due to their age. On school trips, an allocated member of staff will carry the medication for the child.
- When no longer required, medication will be returned to the parents to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- Written records will be kept of all medicines administered to children.

Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to the pupil, including with toileting issues. No

parent should have to give up working because the school is failing to support their child's medical needs

- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

Emergency Procedures

Where a child has an individual healthcare plan, what constitutes an emergency will be clearly defined and details of what to do will be included. All relevant staff will be aware of emergency symptoms and procedures.

If a child needs to be taken to hospital, a member of staff will stay with the child until the parent arrives, or will accompany the child to hospital by ambulance.

Managing Asthma

Asthma is the most common chronic condition, affecting one in eleven children. Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. The school has an emergency salbutamol inhaler for occasions where a child's inhaler is not in school, is broken or empty.

To support the management of asthma the school will:

- have a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler
- have written parental consent for use of the schools emergency inhaler included as part of a child's individual healthcare plan
- ensure that the emergency inhaler is only used by children with asthma with written parental consent for its use
- keep a record of use of the emergency inhaler and inform parents or carers that their child has used the emergency inhaler
- have an emergency asthma kit including:
 - a salbutamol metered dose inhaler;
 - at least two plastic spacers compatible with the inhaler;
 - instructions on using the inhaler and spacer;
 - instructions on cleaning and storing the inhaler;
 - a note of the arrangements for replacing the inhaler and spacers
 - Guidance on the use of emergency salbutamol inhalers in schools
 - a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need. For this reason the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed an reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

Off-site Visits

Arrangements will be made to ensure that children with medical conditions can be supported to take part in off-site visits. When planning off-site visits, staff will need to consider 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 with reasonable adjustments unless a GP states that this is not possible. Parents will not be asked to attend an off-site visit with their child to support their medical needs as the school will provide the appropriate level of support for the child. Parents of children with additional needs often ask if they may accompany their child due to their age and developmental level and the school will accommodate parents who request this wherever possible.

Insurance

The school has liability insurance through Wolverhampton City Council. The Council guidance for schools states:

'Schools can be required to administer drugs to pupils with medical needs so they can participate in education. Staff should be aware that where they are required to carry out this support any public liability claim arising from the administration of drugs (including by injection) will be dealt with by the Council's liability policy provided that:

- i) A General Practitioner or other suitably qualified person gives staff training in the administration of drugs and any injections*
- ii) the drugs administered do not fall within a category which under legislation requires such treatment only to be administered by a qualified practitioner'*

Complaints

If parents are dissatisfied with the support provided for a child with a medical condition, they should discuss this directly with the Head Teacher or Deputy Head Teacher. If this does not resolve the issue, parents may make a formal complaint through the school's complaints procedure.

This policy was reviewed and adopted by the Governing Board on 7th February 2020

Asthma

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet • The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.