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MANAGEMENT AND GOVERNANCE DOCUMENTATION

POLICY FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS (including managing medicines and asthma) October 2020

	Date	Chair of Governors	Headteacher
Adopted	September 2014		
Reviewed	January 2017		
Reviewed	October 2017		
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1. Introduction

This policy is a statement of the aims, principles and strategies for supporting pupils at school with medical conditions. It reflects the statutory guidance set out by the Department for Education in the document 'Supporting pupils at school with medical conditions' published in December 2015.

(statements in bold are statutory)

2. Aims

- to ensure that all children with any medical condition are supported adequately in school so that they can participate fully in school life, remain healthy and achieve their academic potential;
- to ensure that pupils with any medical conditions are provided with the same opportunities as others at school;
- to ensure that parents have confidence in the school's ability to provide proper support for their child;
- to ensure that all pupils feel safe at school.

3. Roles and Responsibilities

The Governing Body will:

- remain legally responsible and accountable for fulfilling their statutory duty under the Children and Families Act (2014) and the Equality Act (2010);
- ensure the proper and effective implementation of this policy, plans procedures and systems;
- ensure that the school's policy sets out what should happen in an emergency situation.
- ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk;
- ensure that healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed;
- ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions;
- ensure that any members of school staff who provide support to pupils with medical conditions are able to easily access this policy and other information and teaching support materials as needed.
- ensure that written records are kept of all medicines administered to children
- ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life
- ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care.
- ensure that this policy is readily available to parents
- ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The Headteacher and/or Deputy Headteacher will:

- ensure the effective implementation of this policy to ensure that pupils' medical conditions and how they may impact on their life at school are considered individually;
- ensure that all staff are aware of their role in the implementation of this policy, and that all staff who need to know are notified of the child's condition;
- ensure that sufficient numbers of trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations;
- keep a record of staff training (on staff central CPD record)
- put in place arrangements to cover staff absence as necessary, and ensure that supply teachers are briefed about a child's condition and healthcare plan
- seek advice from relevant local health services and healthcare professionals and consider this when planning support for pupils with medical conditions;
- listen to and value the views of parents and pupils;
- consider the social and emotional implications of a child's medical condition;
- develop individual healthcare plans in consultation with pupils, their parents and relevant healthcare professionals;
- be responsible for the implementation and annual review of healthcare plans;
- 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;

- work with the local authority to ensure that the healthcare plan is amended for pupils who return to school following a period of hospital education or alternative provision (including home tuition) to enable the child to reintegrate effectively.

Staff will:

- understand their duty of care to pupils in the event of an emergency and be confident in knowing what to do
- understand that they may be asked to provide support for pupils with medical conditions, and that they cannot be required to do so;
- receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions;
- know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help;
- **not give prescription medicines or undertake health care procedures without following school procedures and/or appropriate training**

Parents will:

- be responsible for providing the school with sufficient and up-to-date information about their child's medical needs;
- carry out any action they have agreed to as part of the implementation of the healthcare plan.

Pupils:

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.

Pupils 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.

4. Absence from school

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 wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for

appointments connected with a pupil's medical condition, (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing. Children should not be penalised for their attendance record if their absences are related to their medical condition, nor should they be sent home from school frequently unless it would be detrimental to their health to stay at school.

However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

5. Staff training

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Staff will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. The need for staff training will be decided during the development and review of healthcare plans. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. Staff training will be recorded. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

At the annual September training day, all staff will be made aware of this policy and their role in its implementation and will be given a copy of the medical register. Staff who commence their employment at any other time will be made aware of the policy as part of the induction process. They will also be notified of the medical conditions of individual pupils as necessary to their role.

6. Healthcare plans

Individual healthcare plans will help school to effectively support pupils with medical conditions. The plans provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will make the final decision.

The aim of the plan is to describe the steps the school will take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Individual healthcare plans will be written using the format recommended by the DfE. (Appendix A). **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.** Schools should consider the impact of any health condition on a child's learning, behaviour or academic performance as well as their social opportunities. Plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very

different support. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan. The healthcare plans will be kept in the cupboard in the Admin office. Plans should only be accessed by the Head and Deputy, parents and those members of staff involved in supporting the pupil, to ensure confidentiality.

Individual healthcare plans, (and their review), will be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will be involved whenever appropriate. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. **The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.**

For children starting new to the school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks, where possible.

Process for developing individual healthcare plans (IHCP):

- School is informed by parents or healthcare professional that a child has been newly diagnosed, is due to start school, is returning to school after a long-term absence, or needs have changed;
- Parents are contacted by the School administrator/Head/Deputy.
- Decision as to whether a IHCP is needed, is made by Head/Deputy and the parents, with advice from relevant healthcare professionals;
- If deemed appropriate by the Head/Deputy, a meeting will be co-ordinated and attended by as many of the following as possible: school staff providing support, parents, pupil (if appropriate) relevant healthcare professionals, in order to develop the IHCP. Agreement as to who will lead the plan. Input from relevant healthcare professional must be provided;
- Staff training needs identified;
- Training provided if necessary;
- IHCP implemented and circulated to relevant staff;
- IHCP reviewed annually or may be initiated by a parent or healthcare professional as a pupil's condition/needs change.
- IHCPs will be recorded on the school's medical register. The school administrator is responsible for updating the register.

7. Emergency procedures

Individual healthcare plans will contain information about procedures to follow in an emergency. The plan should detail what constitutes an emergency, who is responsible, and immediate steps to be taken should this arise. All relevant staff will be made aware of emergency symptoms and procedures. Where an emergency occurs involving a pupil who does not have an individual healthcare plan, staff should follow the procedures outlined in the School Emergency Plan. Pupils are aware that they should inform a member of staff if they think help is needed at any time. Where possible, IHCPs should accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHCP for sharing the IHCP in emergency situations.

8. Day trips, residential visits and sporting activities

The school will aim to include pupils with medical conditions in school trips, visits and sporting activities wherever possible. If necessary, a risk assessment will be carried out to ensure that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. 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 as required unless evidence from a healthcare professional states that this is not possible. If necessary, a risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. The school will consult with parents and pupils, and take advice from professionals to ensure that the pupil can participate safely. If necessary, further guidance will be sought from the Health and Safety Executive. (HSE)

9. Management and administration of medicines

The school accepts the need for some pupils to receive medication during school hours when it would be detrimental to a child's health or attendance not to do so. In the majority of cases, only medication prescribed by a doctor will be accepted for administration. The medication will only be accepted with written authorisation from the parent or guardian, which must contain clear instructions about the dosage and time of the administration. (Appendix A or B) These forms will be filed in the 'Administering of medicines' folder in the general office.

It is the responsibility of the parents to ensure that medicines are labelled, in-date, 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.

Non prescription medicines will only be administered in exceptional circumstances, for example, if a child has been off school due to an injury in which a practitioner has recommended pain relief. Packets of medicated sweets are unsuitable for young children to eat in schools as we are unable to monitor if these are being eaten at the correct time intervals.

Medication will be administered in the presence of another member of staff. To this extent, two staff, usually a recognised First Aider plus another member of staff will administer medication. On school trips, the trip leader or a named member of staff will accept responsibility for the administration of medication.

It is recognised that staff do not have any obligation under their contract to administer medication to pupils and that such administration is on a voluntary basis.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Parents may come to school to administer medication to their child, but the school should not expect parents to attend school to administer medication or provide medical support to their child, including with toileting issues.

Written records (Appendix C) are kept of all medicines administered to pupils in the file in the cupboard in the Admin office. These records provide evidence that agreed procedures have been followed.

Any side effects of the medication to be administered at school should be noted in school.

All medication except Epipens will be stored in a secure place in the medical room near to the School Office. Epipens are stored in classrooms. Controlled drugs will be stored securely in a locked cupboard in the admin office.

Inhalers are normally outside of this procedure and the following arrangements apply: Generally, Key Stage 2 pupils are expected to be responsible for carrying their inhaler at all times. For Key Stage 1 pupils, inhalers are stored in the class room in a central location. For more detail see the Asthma guidelines (Appendix D)

When no longer required, medicines should be returned to the parent for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. A yellow sharps box is situated in the Gents toilet.

10. Insurance arrangements

The school's Public Liability policy provides cover which includes the school governing body, teachers and other employees and volunteers should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings. This applies to both straightforward and complex conditions. The insurance company expects that the teachers, employees and volunteers would have received appropriate training and that this is reviewed on a regular basis.

The policy applies to all school activities including extra curricula activities and school trips at home and abroad. Cover also applies to any first aid activities carried out by teachers, employees and volunteers.

The level of indemnity of the Public Liability policy is £50million.

11. Complaints

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. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

11. Other documentation which supports this policy:

- The school's Emergency Plan
- Complaints Policy

12. Further sources of information:

- Children Act 1989
- Education Act 2002
- Equality Act 2010
- Health and Safety: advice on legal powers and duties 2014
- SEN Code of Practice 2015

Appendix A:

Woodhouse Primary School - Individual healthcare plan

Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs *(if applicable)*

Arrangements for school visits/trips etc *(if applicable)*

Other information (including SEN if applicable)

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with (*if applicable*)

Staff training needed/undertaken – who, what, when (*to be completed by school*)

Form copied to (*if applicable*)

This information is, to the best of my knowledge, accurate at the time of writing and I will keep the school updated of any changes to my child's medical needs. I consent to this plan being shared with medical professionals in the event of an emergency.

Signed/Date

Appendix B:

Woodhouse Primary School - Parental agreement for administration of medicine
The school/setting will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	The school office

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I will dispose of any medication.

Signature(s) _____ Date _____

Headteachers signature _____

Appendix D: Asthma guidelines

Background information

Asthma can be controlled by avoiding known irritants and by inhaling specific drugs.

Known irritants which might trigger an attack include:-

- * house dust mites
- * furry or feathery animals
- * exposure to high winds
- * exercise and play
- * grass pollen
- * certain foods
- * fumes such as glue and paint.
- * extremes in temperature
- * damp weather

Medication

There are two main groups of drugs that either prevent the asthma attack or relieve once an attack has happened. These are usually given via inhalers.

Inclusion

The school welcomes all pupils regardless of their asthmatic condition and encourages them to participate as fully as possible in all aspects of school life. All children are made aware of the dangers of the condition and are encouraged to help and empathise with children who suffer.

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. They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack:

- 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 signs of an asthma attack, the guidance below should be followed. The medical register should be checked to see if the child is recorded as having asthma and/or an inhaler.

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

- appears exhausted
- has a blue/white tinge around the lips
- is going blue
- has going 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 the child while inhaler (and spacer) are brought to them
- immediately help the child to take two puffs of the inhaler
- 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. Shake the inhaler between puffs
- stay calm and reassure the child. Stay with the child until they feel better. The child can return to normal school activities when they feel better
- if a child does not feel better or you are worried at any time 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

The above guidelines are displayed in the medical room and in the staff room.

The care plan to be followed:-

1. Parents are asked to inform school if their child suffers from asthma and are asked to fill in the appropriate forms at the office, including an IHCP which gives consent for inhalers to be administered. Parents should also be asked to complete a consent form for the use of the emergency salbutamol inhaler. (Appendix E)
2. All staff are aware of these children via medical registers which are regularly updated and the medical file kept in the school office.
3. Inhalers are easily available in the child's classroom. (YR – right hand side of large cupboard; Y1 – adjacent to sink in Room 2; Y2 – adjacent to sinks; KS2 – pupils' trays) The importance of the user being able to readily access the inhaler outweighs any dangers posed by other children having access.

4. Children will administer their own medication as the need arises. A member of staff will supervise them. Whenever possible, additional inhalers will be kept in the office first aid cabinet in case a child has an attack but has left his/her inhaler at home.
5. Children who feel a sudden attack and need to use their inhaler whilst out at play must be accompanied back to the main school building by another child. A member of staff will supervise as the child uses the inhaler. Children who regularly need inhalers at playtime will carry them with them or will be encouraged to use them prior to going out to play as a preventative measure.
6. Children may stay inside the school if conditions outside are unsuitable, e.g. the grass has been newly cut, misty weather. They may sit by the general office.
7. Parents of a child who suffers an attack at school will be contacted immediately to inform them of the situation. If contact cannot be made, the Headteacher or Deputy Headteacher will monitor the child carefully for signs that their medication is working and will continue efforts to contact the parent or their emergency contact person. If the child does not appear to be responding, another dose will be given and an ambulance will be called to take the child to hospital.
8. The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The emergency inhaler will be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty)
9. Should the emergency salbutamol inhaler be used, a record will be made on the record of medicine administered to children (Appendix C) and parents will be informed in writing that their child has used the emergency inhaler. (Appendix F)
10. One emergency salbutamol inhaler will be stored in the medical room and the other in the staffroom. It will be the responsibility of the school's admin staff to ensure that the inhaler is in working order and that replacement inhalers are obtained when expiry dates approach. Spent inhalers should be returned to a pharmacy to be recycled.
11. An inhaler should be primed when first used (e.g. spray two puffs) and should be primed regularly as it could easily become blocked after not being used for a long period of time.
12. After use, the emergency inhaler should be washed in warm running water and left to dry in air in a clean, safe place.
13. The spacer should only be used once and then sent home with the child who has used it. Parents will be asked to supply a new spacer for school.
14. A list of children with asthma will be kept with the emergency inhalers.

Appendix E

Parental consent for use of emergency salbutamol inhaler

Child's name:

Date of birth:

*I can confirm that my child has been diagnosed with asthma.**

*I can confirm that my child has been prescribed an inhaler.**

*(*delete as appropriate)*

*My child has a working, in-date inhaler, clearly labelled with their name, which they will have in school every day. **It is the parent's responsibility to ensure the inhaler is within date.** School will check inhalers on annual basis.*

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Print name:

Parent's address and contact details:

Telephone: _____

Appendix F

Letter to inform parents of the use of emergency salbutamol inhaler

Dear

Child's name

This letter is to formally notify you that had problems with his/her breathing today. This happened when

A member of staff helped them to use the emergency salbutamol inhaler, as they did not have their own inhaler with them/their own inhaler was not working. They were given puffs. Spacers can only be used by one child and cannot be re-used. Please supply school with a brand new spacer.

Yours sincerely,

Mrs L Daveney

Headteacher