

# QUEEN'S CRESCENT SCHOOL

## SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

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This policy has been written in line with DFE Statutory Guidance 'Supporting Pupils at School with Medical Conditions 2015' and the Statutory Framework for the Early Years Foundation Stage.

At Queen's Crescent School we are committed to providing pupils with access to education whatever their medical needs or individual circumstances. We believe that all pupils should have access to as much education as their particular medical condition allows so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment or recuperation. The school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

The term 'Medical Conditions' includes the following:

- Short or long term medical conditions which may require on-going support, medicines or care while at school.
- Recovery from medical interventions to treat illness or injury
- Mental health conditions

The Governing Body have a statutory responsibility to ensure that:

- Arrangements are in place to support pupils with medical conditions so that they can access and enjoy the same opportunities at school as any other child, including school trips and sporting activities.
- Focus is on the needs of each individual child and how their medical condition impacts on their school life.
- School leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- Any member of school staff providing support to a pupil with medical needs should have received suitable training.
- The appropriate level of insurance is in place and appropriately reflects the level of risk.

### **Named Person**

The member of staff responsible for ensuring that pupils with medical needs have proper access to education is Julia Hawkins (Headteacher). She is the person with whom parents/ carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be her

responsibility to pass on information to relevant members of staff and ensure that sufficient trained staff are available, including in emergency and contingency situations.

### **School Nurse**

The school nurse will assist the school in providing the correct support for each child, including advice on suitable training for school staff. She may be supported in this by various Healthcare professionals and the Local Authority.

### **Identification of Medical Needs**

Most medical needs will be identified by the parents in consultation with a medical professional outside the school. Any medical concerns the school has about a child will be raised with the parents and reported to the school nurse. Most parents will wish to deal with medical matters themselves through their GP. The outcome may result in a Health Care Plan or a Risk Assessment. These are completed by the school nurse in conjunction with the school, parents and pupil, taking advice from other Healthcare Professionals as required. They are reviewed annually or earlier should the school be made aware that needs have changed and include emergency procedures.

### **Catering for a pupil's medical needs in school**

The majority of children who have medical needs are able to attend school regularly and do not have to undergo extended periods of treatment. Parents of new pupils are required to complete a form which gives the school information about individual medical needs. It is the duty of parents to return this form promptly so that any necessary preparations can be made. Any notification of new medical needs must be supported by relevant documentation from Healthcare professionals or a GP. Information supplied by parents is transferred to the Medical Needs Register which lists children by class. A copy of the class Medical Needs Register is kept inside the class attendance register so that it can be easily referred to by permanent staff and supply teachers. Staff must familiarise themselves with the medical needs of the pupils they work with and those that they are responsible for on school trips, paying particular attention to what constitutes an emergency symptom and procedures to follow. Pupils must know to tell the teacher or an adult immediately, should they be concerned about another pupil. If a child needs to be taken to hospital then a member of staff will stay with the child until the parent arrives.

### **Staff Training**

Training will be provided in connection with specific medical needs so that relevant staff know what precautions to take and how to react in an emergency. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

All other staff are made aware of relevant medical conditions through staff handbook and meetings.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. This will be decided as part of the Risk Assessment. Healthcare professionals can assist on identifying and agreeing with the school on the type and level of training required and can provide confirmation of the proficiency of staff in a medical procedure.

## **Partnership with parents/carers and pupils**

Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils will be involved in the process of making decisions. Parents must keep the school informed about any changes in the treatment their children are receiving, including changes in medication.

Parents will be kept informed about arrangements in school and their permission sought before the school makes contact with any outside agencies.

## **Medication**

The school does not take responsibility for administering medication for general ailments including antibiotics. Parents are able to come into school to administer medication if necessary. Non-prescribed medicines containing analgesics (including mild painkillers such as aspirin or paracetamol) should not be brought to school, even with the consent of parents/carers.

Medication is only administered in school in specific circumstances and following appropriate training and briefing from medical professionals. In such circumstances:

- A medical/health care plan or risk assessment will be put in place in consultation with the parent/carer and school nurse.
- All medication must be prescribed, in date, in the original container, clearly labelled with the child's name, prescribed dose, instructions for administration, storage requirements and possible side effects.
- A register will be kept detailing the medication taken and when and who supervised. Any side effects should be noted and advised to parents.
- All medication is returned to parents at the end of the school year and must be returned (in date) to school at the beginning of the school year in September.
- Needles will be disposed of a sharps bin.
- All medication will be kept locked in the school office.
- EpiPens are attached to the board in the office for easy accessibility.
- Inhalers are held by pupils in classrooms for easy accessibility
- An additional school inhaler will be kept in the school office in case of emergency (please see Annex A for information on Asthma procedures)

On a day trip or residential trip, the named trip leader will take responsibility for ensuring that medication is taken from school for the duration of the trip and administered in line with the policy.

## **Insurance**

- As an Academy, Queen's Crescent School is a member of the Government Risk Protection Arrangement.
- The RPA will provide an indemnity if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury in connection with the provision of medicines or medical procedures. Indemnity will also be provided to any member of staff who is providing support to pupils with medical conditions and has received sufficient and suitable training, subject to adherence with statutory guidance.

**Absence as a result of a medical condition**

See Annex B

**Reintegration following absence for medical treatment**

See Annex C

**Best Practice**

Queen’s Crescent School will do all it can to ensure that best practice is followed at all times. This includes:

- Ensuring children have easy access to inhalers
- Supervising pupils who self- administer their medication
- Respecting the dignity of pupils at all times

**Complaints**

Should parents or carers 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 complaint via the school’s complaints procedure.

The policy should be read in conjunction with:

- Single Equalities Policy
- SEN Policy
- Accessibility Plan
- Child Protection Policy

Policy Issued January 2015

Policy Reviewed November 2017

The Local Governing Body agreed to adopt this policy at the meeting held on 27<sup>th</sup> November 2017

Signed ..... Dated .....

Mrs J Hawkins Headteacher

Signed ..... Dated .....

Mrs R Dimech Chair of Governors

## Annex A

### Asthma

Queen's Crescent School:

- Recognises that asthma is a serious but controllable condition.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life including physical activities, visits, field trips and other out of school activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all pupils with asthma and their medical requirements.
- Ensures that the school environment is conducive to the education of pupils with asthma.
- Ensures that all members of school staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Works in partnership with interested parties, such as the Governing Body, members of school staff, parents, pupil's and outside agencies to ensure the best educational outcomes possible for pupils with asthma.
- Holds an Emergency Salbutamol inhaler for use by children who parents have given written consent. This can only be used for pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. It is available for use if the pupil's own inhaler is not available (broken or empty, for example).
- Has a list of children who have been given written parental consent to use the emergency inhaler. Consent must be requested annually.
- Ensures that all staff are aware of which pupils have received consent to use the emergency inhaler.
- Has assigned a named individual to ensure that procedures for the Emergency Inhaler are followed and the list of pupils is maintained. In Queen's Crescent School this is the Admin Supervisor.

#### Procedure for Pupil Inhalers

- The children are expected to keep their Salbutamol (blue) inhaler (marked with their name) with them at school in a designated place. It is the parent's responsibility to ensure that the inhaler is kept within its use by date.
- Parents are responsible for training their child to use their inhaler. This may include the use of a spacer device.
- Checks will be made to ensure that they are always taken on school trips
- Children may use the inhaler as they feel necessary, (a child cannot overdose), particularly before physical exercise, if appropriate
- Staff will inform parents if it is felt the inhaler is being used too frequently, this enabling a revised prescription to be obtained if appropriate.
- Preventer inhalers (brown) are usually used at home.

#### Emergency School Inhaler

The Emergency School Inhaler kit will be stored on the board in the school office for easy access.

- The School Emergency Inhaler kit will include the following:
  - A clearly labelled salbutamol inhaler
  - 2 plastic spacers compatible with the inhaler
  - A check list, showing the expiry date and batch number of the inhaler, to record the monthly checks
  - Instructions on using the inhaler and spacer
  - Instruction on cleaning the inhaler
  - Manufacturers information
  - A list of all children who have been diagnosed with Asthma/ prescribed a reliever inhaler and those who have written parental consent to use the emergency inhaler
  - A record of administration
  
- Two members of staff are responsible for ensuring the care of the Emergency inhaler kit. At Queen's Crescent School these are the Admin Supervisor and the Admin Assistant. They are responsible for checking that:
  - On a monthly basis the inhaler and spacers are present and in working order (two puffs to be sprayed regularly to ensure the inhaler does not get blocked)
  - given the amount of puffs used according to the log book, the inhaler has a sufficient number of doses available
  - the inhaler is replaced when the expiry date approaches or the doses available are running out
  - replacement spacers are available following use (plastic spacers must not be reused)
  - the plastic inhaler housing and cap has been washed and returned
  - When the inhaler has expired or is fully used it is returned to a pharmacist for safe disposal.

#### Procedure for Use of the Emergency Inhaler

- Staff member to send a message to the office and request the Emergency Inhaler kit. In an emergency a red card must be sent and the assistance of a trained First Aider must be requested.
- If necessary a teaching assistant or unit partner will be requested to support the class.
- Office staff to assist by checking the emergency inhaler list to ensure that the pupil has the required consent.
- When finished the plastic inhaler housing (which holds the canister) and cap must be washed in warm running water, left to dry in a clean, safe place and returned to the inhaler following use. (If there is risk of contamination (e.g. used without a spacer) it should be disposed of).
- A record of use of the emergency inhaler must be completed and parents must be advised in writing if their child has used the inhaler. Records must show where and when the attack took place, how much medication was given and by whom.

## **Annex B – Absence as a result of a Medical Condition**

### **Absence up to 15 working days**

Parents will follow the normal arrangements for informing the school as outlined in our attendance policy. If appropriate the school may provide the pupil with a pack of work to complete at home.

### **Absence exceeding 15 working days**

When Queens' Crescent School becomes aware that a pupil will be absent from school for more than 15 school days because of their medical need, the designated member of staff will notify the Education Welfare Officer (EWO) as soon as possible. This will assist the LA with continuity of educational provision

Parents will need to provide the school with a letter from a medical consultant containing details of the medical condition or intervention and information about the estimated period of absence. The Education Welfare service will work with the school to provide home tuition.

If a pupil is to be admitted to hospital, the school will liaise with the hospital school and the Local Authority to set up a Personal Education Plan which will ensure continuity of education. The school will provide records of the pupil's attainment, and, if appropriate, their 'My Plan' to support them in planning and delivering appropriate provision.

### **Home Tuition**

Home tuition should begin as soon as possible. If they receive one to one tuition the hours could be fewer as the provision is more concentrated. The school will work with Education Welfare, providing all necessary information to ensure that alternative provision is put in place as soon as possible. The school will continue to monitor the progress of pupils unable to attend school through discussions between the teacher providing the education, parents, class teacher and the Headteacher. Following consultation with the parents and pupil, the school will ensure that contact is maintained.

### **Children with Long term or Complex Health issues**

When children have long term or complex health issues, patterns of illness can be unpredictable. The designated member of staff should discuss the needs of the child and how these may best be met with the Local Authority, relevant clinician, parents and the pupil if appropriate. This may be through individual support or by them remaining at school with support. The Local Authority should ensure that the provision is made available as soon as the child is able to benefit from it.

### **Annex C - Reintegration following Absence**

Following a pupil's absence from school due to a medical condition, the school and the Local Authority should have regard to any medical advice given as to how much education will be appropriate. Reintegration may be a gradual process.

In order to assist in their return, a reintegration plan will be devised by the school in conjunction with the Local Authority, School nurse and parents to document new procedures which ensure that extra support and any reasonable adjustments are put into place to provide suitable access for the child following their return to school.