St Elphege's RC Infant and Junior Schools

Supporting Medical Conditions at School

Scope:		St Elphege's RC Infant and Junior Schools	
Date Adopted:		Spring 2016	
This Review:		Spring 2025	Full Policy: Every 3 Years Procedure: Annual
Next Review:		Spring 2028	
Approved	EHT:		Local Governing Body
	Governor:	Not Applicable	

SANCTA FAMILIA
CATHOLIC ACADEMY TRUST

St Elphege's RC Infant and Junior Schools

'With God all things are possible' **'Where there is love, there is God'**

St Elphege's Infant and Junior Catholic Schools will give every child the best possible education because each individual is uniquely created and precious to God. As a Catholic community, guided by the Holy Spirit, we will follow the example of Jesus Christ in all aspects of daily life.

With the help of God's love, the schools will seek to develop the whole child. Each child is uniquely created and precious to God and it is the schools' mission, guided by the Holy Spirit, to nurture each child's spiritual, moral and academic growth.

Inspired by the teachings of Christ we will…

- Develop our children's faith, spirituality and joy in the love of God
- Educate our children to the highest standards thus realising their own potential
- Instil in our children the knowledge, skills and confidence to succeed and take pride in their achievements recognising we each have special gifts and talents
- Encourage everyone to be more than they thought possible, in a secure and loving environment
- Promote a caring community where we will all behave well. We will be dignified in our actions, demonstrating good manners, tolerance, kindness and generosity to ourselves and others
- Prepare our children today to become tomorrow's responsible and independent individuals equipped to face life's challenges
- Ensure our schools are a happy, safe and welcoming place where we all enjoy learning, work hard, support one another and do our best
- Create an active partnership of love, joy and high expectations between children, parents, carers, staff, governors, parishes and the wider community

Inclusion statement

The school community will ensure that ALL children irrespective of race, ethnicity, nationality, gender (including those who identify as transgender), sexual orientation, ability, special educational need, disability, faith or religion, age, culture, socio-economic or home background will have equal access to the breadth of this policy.

The achievements, attitudes and well-being of all our children matter and the school will endeavour to promote their individuality. Children with learning disabilities and gifted and talented children will be allowed to express themselves according to their ability. Work will be differentiated to meet their needs and achievements will be celebrated.

This Policy will be implemented through on going consultation with all members of the school community and developments in law or statutory guidance.

AIMS

- **To ensure pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.**
- **To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.**

This policy should be read in conjunction with the First Aid advice in the Health and Safety Policy and, if applicable, the SEND policy.

St. Elphege's RC Infant and Junior Schools are an inclusive community that supports and welcomes pupils with medical conditions.

- The schools are welcoming and supportive of pupils with medical conditions.
- They provide children with medical conditions with the same opportunities and access to activities (both school based and out of school) as other pupils.
- No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- The schools will listen to the views of pupils and parents.
- Pupils and parents feel confident in the care they receive from this school and the level of care that meets their needs.
- The schools will ensure all pupils joining at normal transition times will have arrangements in place to manage their medical condition by the beginning of that term. Any pupil joining the school mid-term will have arrangements in place within no longer than two weeks.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- Staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- Where appropriate the school will ask parents to complete an Individual Health Care Plan with a healthcare professional or complete a plan such as an asthma plan themselves. Both these documents will provide information regarding children's triggers and treatment in case of an attack or emergency.
- The whole school and local health community understand and support the medical conditions policy.
- The school understands that all children with the same medical condition will not have the same needs.
- The school recognises that duties in the Children and Families Act 2014 (England only) and the Equality Act (England, Wales and Scotland) relate to children with disability or medical conditions are anticipatory. This school understands that some children who have medical conditions may also have disabilities and / or special educational needs.

The Headteacher and Inclusion Manager are responsible for ensuring that whenever the school is notified that a pupil has a medical condition:

- sufficient staff are suitably trained
- all relevant staff are made aware of a child's condition
- cover arrangements in case of staff absence/turnover is always available
- supply teachers are briefed
- risk assessments for visits and activities out of the normal timetable are carried out
- individual healthcare plans are monitored (at least annually)
- transitional arrangements between schools are carried out
- if a child's needs change, the above measures are adjusted accordingly

Where children are joining the schools at the start of a new academic year, these arrangements should be in place for the start of term. Where a child joins mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.
Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan which details the support that child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be kept in the school's medical record and the child's individual record. All staff including kitchen staff, supply and cover staff, peripatetic teachers, outside agencies are aware of children's medical needs if deemed appropriate.

Individual Healthcare Plans

If the parents, healthcare professional and school agree that a healthcare plan is appropriate the school nurse will write an Individual Health Plan. The schools have a system in place for those children who have asthma or have been prescribed an inhaler. The following information should be considered when writing an individual healthcare plan:

- the medical condition, its triggers, signs, symptoms and treatments
- the pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues
- specific support for the pupil's educational, social and emotional needs
- the level of support needed including in emergencies
- who will provide support, their training needs, expectation of their role, confirmation of their proficiency and cover arrangements
- who in school needs to be aware of the child's condition and the support required
- arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff or self-administered (children who are competent should be encouraged to take responsibility for managing their own medicines and procedures, with an appropriate level of supervision)
- 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
- confidentiality
- what to do if a child refuses to take medicine or carry out a necessary procedure
- what to do in an emergency, who to contact and contingency arrangements
- where a child has SEND but does not have an Education, Health and Care plan, their special educational needs should be mentioned in their individual healthcare plan

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

This school has clear guidance on providing care and support and administering medication and first aid at school.

This school understands the importance of medication being taken and care received as detailed in the pupil's IHP (Appendix 1).

- This school will make sure that there are several members of staff who have been trained to administer the medication and meet the care needs of an individual child.
- This school will ensure there are sufficient members of staff trained to cover any absences, staff turnover and other contingencies.
- The school's local governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- This school will not give medication to a child without a parent's written consent except in exceptional circumstances.
- Over the counter medication may only be administered for a short period if the parent has signed the appropriate paperwork (appendix 1) giving written permission for the office staff to administer the medicine to their child. Parents are reminded that should symptoms persist it is advisable that they make an appointment with their doctor.
- Parents may be permitted to come into school during school hours to administer a single dose of analgesic and/or antipyretic medicine such as paracetamol or ibuprofen if they feel it is necessary.
- Medicines will only be administered at school when it would be detrimental to the pupil's health not to do so and where it is not clinically possible to arrange doses to be taken solely outside of school hours.
- Children at these schools will not administer their own medication, unless they have received appropriate training and it is the wish of the pupil and their parent. This will be recorded on their IHP.
- A member of staff must be present to supervise and be prepared to intervene if necessary to ensure the child's health and safety are not compromised. Whilst pupils will be encouraged to keep themselves healthy, and self-care is to be promoted, this school recognises that some pupil's needs may be complex and some medical conditions can be fatal if not managed well.
- If a pupil refuses to take their medication or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. Parents will be informed.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site educational visit and the needs of the pupil, associated risks and how these are to be managed will be included in the risk assessment for the visit.
- Parents at this school understand that they should let the school know immediately if their child's needs change and provide enough information to ensure their needs are met.

This school has clear guidance about record keeping

- Parents at this school are asked if their child has any medical conditions as part of the admissions process.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff (Appendix 2).
- Should a child need medication during the school day, the parent or carer will bring the medication to the school office for it to be administered after they have signed appendix 1.
- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support, to make sure they have the confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse / school nurse / other suitably qualified healthcare professional and / or the parent. The specialist nurse / school nurse / other suitable qualified healthcare professional will confirm their competence, and this school keeps an up to date record of all training undertaken and by whom.
- The school recognises the need to keep staff informed of medical conditions but equally the confidential nature of this information. IHP will be easily accessible during school hours and a copy should be kept in the class pupil support folder. This folder should be locked away at the end of each day.

Procedures for Children with Allergies

- Parents fill in the additional needs form and give information about allergies and medication; this is kept in the office.
- A child with a diagnosis which means they are at risk of anaphylaxis will have an IHP which will be completed by a medical professional.
- Specialist training is provided to the whole school on an annual basis regarding the administration of auto-injectors such as Epi-pens by a specialist.
- Any letters from the hospital or doctor are kept in office and in the classroom pupil support folder.
- Auto-injectors are stored in class with a copy of the Individual Heath Care Plan. Photographs and a brief description of the allergy are available to all staff including kitchen staff, supply and cover staff, peripatetic teachers, and outside agencies so they are aware of children's medical needs if deemed appropriate.
- Teachers are informed about children with allergies through the additional needs form/ pupil support file/parents.
- Senior midday meals supervisor ensures meal supervisors' team are aware.
- Teachers ensure that the child's medication is taken on any trip out of school.
- The school office checks auto-injector pens termly and informs parents if they are about to become out of date.
- In the event of a suspicion that a child may be having a first anaphylactic reaction the school will ring 999 and inform the parents.

Procedures for Children with Asthma or in Need of an inhaler

- Parents will complete an Asthma form showing the symptoms and treatment that their child needs and return it to the office (Appendix 2).
- Teachers will be provided with a copy to be placed in the class pupil support file.
- An inhaler will be kept in the classroom and taken on school trips for children to use with support if appropriate.
- Staff will note when the child uses their inhaler and report usage to the parent/carer if there is any change to the frequency.
- Parents are responsible for providing an inhaler that is in date. The school will send a reminder to parents when the expiry date approaches.
- Due to the seriousness of Asthma, the school asks that if a doctor or medical practitioner has prescribed an inhaler to a pupil. The parent will provide an inhaler to be kept in school as a precaution for any subsequent asthma attacks.

EMERGENCY CARE PROCEDURES (e.g. asthma crisis; an allergic reaction; serious injury etc.)

- In the event of the child showing any physical symptoms for which there is no obvious alternative explanation, his/her condition will be immediately reported to a paediatric first aider and a senior member of staff. On receipt of such a report, the senior member of staff will ensure that the emergency services are contacted with the following information:
- The child's location; the telephone number; the child's condition and presenting symptoms, stating a severe allergic reaction if necessary; when / if an auto-injector or other medication has been administered; the child's name and their date of birth.
- The office will then call the family contacts to advise them.
- A member of staff will accompany a child taken to hospital in an ambulance, and will stay there until a parent arrives. Health professional are responsible for any decisions on medical treatment until a parent arrives.

URGENT CARE PROCEDURES

- Where an emergency ambulance is not readily available or is not appropriate and the child's emergency contacts cannot attend school in a timely manner, a senior member of staff may authorise the use of a staff car or school vehicle to transport the child to hospital or appropriate medical professional.
- In these circumstances, there will always be two staff members present, at least one of whom will be a paediatric first aider.
- The office or accompanying staff member will ensure that the family are kept aware of the child's treatment and location until they are able to travel to be with the child personally.
- Health professional are responsible for any decisions on medical treatment until a parent arrives.

FOLLOW- UP CARE

- Parents are responsible for maintaining up to date prescribed medication for use in school including replacements when they are used.
- School to ensure all administered medications are appropriately documented on Template: 'Record of Medicine Administered to an Individual Child' form in accordance with the 'Supporting Pupils at School with Medical Conditions' policy. Teachers will make parent's aware when there has been a higher than average use of a child's inhaler in the classroom or on a trip.
- School to ensure that staff attend adequate training
- Parents responsible for informing school nurse and school regarding any changes to health condition such as dosage/frequency or if medication has been stopped.
- School to regularly check any medication stored on the premises.

STAFF INDEMNITY

St Elphege's RC Infant and Junior Schools fully indemnifies its staff against claims for alleged negligence, provided they are acting within the scope of their employment, having been provided with adequate instruction, and are following the school guidelines. For the purposes of indemnity, the administration of medicine falls within this definition and hence the staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the school and not the employee would meet the cost of damages should a claim or alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and the employer.

Roles and Responsibilities

The Sancta Familia Trust and Local Governing Body

- Must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- Must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- Must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

The Headteacher and Inclusion Manager

- Should ensure all staff are aware of this policy and understand their role in its implementation
- Should ensure all staff who need to know are informed of a child's condition
- Should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- Is responsible for the development of IHPs
- Should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse

School Staff

- Any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so
- Should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions
- Any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help

School Nurses

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- May support staff on implementing a child's IHP and provide advice and liaison

Other healthcare professionals

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- May provide advice on developing healthcare plans
- Specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

Pupils

- Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP

Parents

- Must notify the school when their child has been identified as having a medical condition that will require support at school
- Must provide the school with sufficient and up-to-date information about their child's medical needs
- Are the key partners and should be involved in the development and review of their child's IHP
- Should carry out any action they have agreed to as part of the IHP implementation
- Must maintain up to date prescribed medication for use in school including replacements when they are used.
- By agreeing that you want medication to be administered in school you have read the staff indemnity section of this policy.

Notes

- The school does not have to accept a child identified as having a medical condition at times when it would be detrimental to the health of that child or others to do so.

The following practice is considered not acceptable:

- Assuming children with the same condition require the same treatment
- Ignoring the views of the child, their parents; ignoring medical advice or opinion
- Sending children with medical conditions home frequently or prevent them from staying for normal school activities (unless specified in IHP)
- Penalizing children for their attendance record if their absences are related to their medical condition that is recognized under this policy
- Preventing children from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively

Appendix 1

St Elphege's RC Infant and Junior Schools

Record of Medicine Administered to an Individual Child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

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Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 2

My Asthma Plan

Full Name:_____



Your Asthma Plan tells you when to take your asthma medicines.

And what to do if it gets worse.



1 Medicines

- My preventer inhaler is called__ _____ and it's colour is_____.
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day are: _____.
- My reliever inhaler is called _____ and it's colour is _____
- I take _____ puffs of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.

2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe or
- I'm waking up at night because of my asthma
- I'm taking my reliever inhaler (usually blue more than three times a week or
- My peak flow is less than_____

If my asthma gets worse, I should:

Keep taking my preventer inhaler as normal

And also take _____ puffs of my blue reliever inhaler every four hours.



If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?



If Yes I take____ puffs of my reliever inhaler beforehand.



Remember to use my inhaler with a spacer *(if I have one)*

When I have an asthma attack

I'm having an asthma attack if:

- My blue reliever isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than _____

When I have an asthma attack I should:

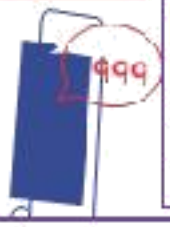
Sit up – don't lie down. Try to be calm.

Take one puff of my inhaler every 30 to 60 seconds up to a total of 10 puffs.

Even if I start to feel better, I [illegible] to happen again, so I need to see my doctor or nurse today.



If I still don't feel better and I've taken ten puffs. Call 999 straight away if I am waiting longer than 15 minutes I should take another ____ puffs of my blue reliever inhaler every 30 to 60 seconds (up to 10 puffs)



My Asthma triggers

Write down things that can make my asthma worse.

_____

_____

_____

_____

_____

I need to see my asthma nurse every six months.

Date of my asthma plan: _____

Date of my asthma review: _____

Our turn details



Parent's emergency phone numbers:

•

I/we will inform the school of any changes to my child's needs

Parent signature _____

Child signature _____

Date: _____

Parents get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door

Share your child's action plan with school, grandparents and babysitter (a printout or a photo).

You and your parents can get your questions answered:

Call our friendly expert nurses

0300 222 5800

(9am – 5pm: Mon – Fri)

Appendix 3

School Nursing Health Care Plan

Name of school/setting	
Child's Name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
Home	
Mobile	
Name	
Phone no. (work)	
Home	
Mobile	

Clinic/Hospital Contact

Name	
Phone no.	

GP

Name	
Phone no.	

Describe medical needs and give details of child's symptoms

SIGNS AND SYMPTOMS:

Daily care requirements

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

Follow up care

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

Form copied to

PARENTS

SCHOOL

Health Visiting Service

HEALTHCARE PLAN COMPLETED BY:

DATED :

PARENT /CARER SIGNATURE: …….