

Blagdon Primary School



Supporting Pupils with Medical Conditions

Policy

Reviewed by	Headteacher	December 2018
Approved by	Finance and Premises	11/1/19
Endorsed by	FGB	24/1/19
Next Reviewed:	December 2020	

Supporting Pupils with Medical Conditions

This policy aims to provide clear guidance and procedures to staff, parents and pupils. It forms the basis of a supportive environment in which pupils with medical needs may receive suitable medical care enabling their continuing participation in education.

The Key aims of the policy are to ensure that:

- Pupils at school with medical conditions are properly supported so that they have full access to education, including school trips and physical education
- Consultation with appropriate persons is undertaken, such as health and social care professionals, parents and pupils to ensure the needs of children with medical conditions is fully considered.
- Pupils are kept safe from harm and abuse
- Safe practices and procedures in place to ensure that the school meets its statutory responsibilities for health and safety

The governing body is responsible for ensuring that there are sufficient arrangements to support pupils with medical conditions in school and for ensuring processes are in place to enable the policy to be developed and implemented.

The Headteacher is responsible for overseeing all of the arrangements in place and ensuring that the policy is implemented effectively. The Headteacher will designate relevant staff to carry out the specific roles within the policy and ensure that there are sufficient deputies to allow for staff absence.

Safeguarding

Blagdon Primary School is committed to the welfare and safeguarding of all pupils. This policy should be read in conjunction with our Safeguarding Policy.

Individual Healthcare Plans

Individual Healthcare Plans (IHPs) will be drawn up where needs are complex or where it is necessary to clarify what support children require. The plan will be developed with the pupils' best interests in mind to ensure that the risks to the child's wellbeing, health and education are managed. Plans will be drawn up by the school in consultation with parents and medical professionals.

The Head teacher is responsible for deciding, in consultation with staff, parents, health professionals and the Local Authority how the school can support a pupil with medical needs.

- The Class Teacher, Headteacher or Learning Mentor will be responsible for obtaining/writing Individual Healthcare Plans in consultation with all relevant parties and ensure that information is disseminated to relevant staff (including supply staff) on individual pupil needs as required, including any emergency procedures. IHPs will be reviewed at least annually or when the child's medical / health needs have changed.
- If appropriate, medical information will be sought from the relevant medical professionals in order to inform the nature and content of the IHP

- Where a child has a special educational need identified in a statement or Education Health Care (EHC) plan, the IHP should be linked to or become part of that statement or EHC plan.
- Where a child has special educational needs, but no Statement or EHC plan, their special educational needs should be mentioned in their IHP.
- The content of the Health Care Plan will follow the format as required in Appendix A, in order to ensure the required level of support is provided to adequately reflect the child's medical needs.
- During off-site visits or extra-curricular activities, the medical needs of pupils will be considered as part of the planning process and first aid requirements for the activity will take into account any medical or health care needs of the pupils taking part. Where required, sufficient essential medicines and health care plans will be taken as part of the activity and controlled by a suitable designated member of school staff. Individual pupil risk assessments will be undertaken where additional controls are required to reduce risk of accident or ill health during the visit/activity to an acceptable level.

Training

The Head Teacher will ensure that staff are appropriately trained, including any whole school awareness training, and that individual staff are equipped to administer medical treatment to pupils with medical needs as required.

The strategic identification and co-ordination of training will be the responsibility of the Headteacher and reviewed at least annually.

Staff involved in supporting pupils with medical conditions will be provided with general in-house training by an appropriate person covering the school policy requirements and relevant school procedures. Staff must not give prescription medication or undertake health care procedures without training. Please see managing medications for exceptions.

Where staff require additional training in order to deal with a specific medical condition, this will be undertaken by a school nurse or relevant health care professional as deemed necessary.

All training will be recorded. Staff training records will be managed by those responsible for co-ordinating the training and will be stored electronically and on file.

Coordination of Information

The Head teacher will ensure that all relevant staff are aware of individual pupils' medical needs and any emergency arrangements. School office staff will be responsible for coordinating and disseminating information as required.

Long Term Medical Absence

Where pupils are absent for 15 days or more (either consecutively or cumulatively) they will be considered to have long term medical absence.

All cases of long term medical absence will be supported by a multi-agency approach. This multi-agency response and planning will, as a minimum, involve school staff, a representative from the local authority, a healthcare professional as well as parents/carers. The SENDCO will be responsible for co-ordinating multi-agency response to a long term medical absence, including completing a referral to Tuition when a child is too ill to attend school.

Managing Medications

- Medicines will only be administered at school when it would be detrimental to a child's health or their attendance not to do so. Where clinically possible medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- Each request for administration of medication to a pupil in school will be considered individually. No medication will be administered without prior consultation with, and written permission from the parent or guardian (Appendix B).
- A minimum amount of medication, required by the pupil, will be held in school to accommodate the needs of that pupil. Any surplus medication will be returned to the parents to arrange for safe disposal.
- Medicines received will be held securely within the school. All essential staff will be able to access medicines in case of emergency. Pupils will be informed of who to go to in order to access their medication and where it is stored.
- Medication must be delivered to school by the parent or responsible person (not sent to school in the child's bag) and given to a member of office staff. The exception would be where there is signed agreement for the pupil to carry their own medication (see Appendix C)
- Medicines brought into school should be in **original packaging** and clearly marked with:
 - the name of the medicine
 - the pupil's name
 - dosage (including method of administration and times)
 - any special storage requirements
 - date

The school will administer epipen treatment if the need arises to children who have a condition requiring such treatment provided the parents/carers have provided the school with the epipen for that child which is in date. The school should not administer treatment with an out of date epipen unless instructed to do so by the emergency services, nor will they use another child's epipen. The school will hold a spare epipen on site as per the Department of Health guidance on the use of adrenaline auto-injectors in schools.

The school has considered the Guidance on the Use of Emergency Salbutamol Inhalers in School published by the Department of Health in March 2015 and have decided that they will keep general inhalers for use in emergencies. Pupils will still need to provide their own in all circumstances.

The school will establish a medication chart, used in conjunction with the pupil's Individual Health Care Plan. Persons administering medication will check medication type is correct then log the time and date, and sign the chart upon administering medication (Appendix D)

Some pupils may be competent to manage their own medication e.g. inhalers. This will be discussed with parents where it is felt that this is appropriate. Permission must be obtained from parents by completing the form 'Request for a pupil to carry his/her own medication' (Appendix C). Where a pupil has an Individual Health Care Plan the method of administration will be detailed within this document. If pupils refuse to take medication, school staff should not force them to do so. The school should inform the child's parents as a matter of urgency. If necessary, the school should call the emergency services.

Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should wear protective disposable gloves and a face mask where appropriate and should take care, when dealing with spillages of blood or other body fluids and disposing of dressing or equipment, that all traces are thoroughly cleared up and disposed of in an appropriate fashion and the area has been disinfected with an appropriate substance. Staff should wash their hands and any part of their skin which has been exposed thoroughly afterwards.

Emergency procedures

All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of the need. Office based colleagues will complete the 'Emergency Form' to support the ambulance service and transfer to hospital (Appendix E). A pupil taken to hospital by ambulance should be accompanied by a member of staff who should remain until the pupil's parents arrive.

Generally, staff should not take pupils to hospital in their own car, as if the pupil's condition deteriorates, the pupil may be under increased risk. In those rare circumstances where this is assessed by the school as an acceptable mode of transport this should only be carried out if another (suitably first aid trained) member of staff accompanies the casualty and driver, and the car driver holds the correct vehicle insurance.

Intimate or invasive treatment

Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment for fears about accusations of abuse. Parents and the headteacher must respect such concerns and should not put any pressure on staff to administer medication unless they are entirely willing to do so.

If the school can arrange for two adults, if possible, one the same gender as the pupil, to be present for the administration of intimate or invasive treatment this will minimise the potential for accusations of abuse. Two adults may ease practical administration too. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

Unacceptable practice

The governing body is responsible for ensuring that there are sufficient arrangements to support pupils with medical conditions in school and for ensuring processes are in place to enable the policy to be developed and implemented.

Staff recognise their duty under the DfE statutory guidance Supporting Pupils at School at School with Medical Conditions and are committed to upholding best practice

The following examples would be considered unacceptable practice:

- Pupils will not be prevented from easily accessing their inhalers and required medication
- Assuming every child with the same condition requires the same treatment
- Ignoring reasonable views of parents or pupils
- Sending pupils home frequently or preventing them from staying for normal school activities (unless specified in their IHP)
- Sending unwell pupils to the school office unaccompanied
- Penalising children for their attendance if justifiably related to their medical condition, e.g. hospital appointments
- Preventing pupils from drinking, eating or taking breaks in order to manage their medication
- Requiring parents to attend school to provide medical support
- Preventing children from visiting the toilet whenever necessary as a result of their medical condition as set out in their IHP
- Preventing children from participating, or creating unnecessary barriers, in any aspect of school life, including school trips.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the head teacher. If for whatever reason this does not resolve the issue the school's complaints procedure should be followed.

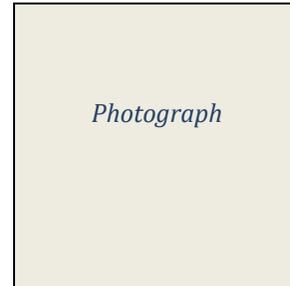
Appendix A

Healthcare plan for a pupil with medical needs



Plan Number:

Name	
Date of birth	
Medical Condition/Diagnosis	
School	
Class / Form	
Date	
Review Date	



Contact information

Family Contact 1		
Name		
Phone No	Home	
	Work	
	Mobile	
Relationship		
Family Contact 2		
Name		
Phone No	Home	
	Work	
	Mobile	
Relationship		

G.P	
Name / Surgery	
Phone No	

Clinic / Hospital contact	
Name	
Phone No	

Clinic / Hospital contact	
Name	
Phone No	

Clinic / Hospital contact	
Name	
Phone No	

Describe medical needs and give details of symptoms, triggers, signs, treatments, facilities, equipment / devices, environmental issues etc

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

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

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Who is responsible in an emergency? (state if different for off-site activities:

Daily care requirements: (e.g. before sport, at lunchtime etc.)

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc:

Other information:

Plan developed with:

Staff training needed/undertaken – who, what, when:

Follow up care:

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Form copied to:

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Signed by:

School Representative	
Name	
Position	
Signature	
Date	

Parent / Carer	
Name	
Signature	
Date	

Health Care Professional	
Name	
Position	
Date	

Note

Please be aware of the confidential nature of this information, be discreet and DO get permission from the parent or guardian prior to copying information or exhibiting photos in medical rooms etc.



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Form to be completed by parents if they wish the school to administer medication

The school will not give your child medicine unless you complete and sign this form.

DETAILS OF PUPIL

Surname:
Forename(s):
Date of Birth:
Class:

Address

:

Condition or illness:

MEDICATION

Name/type of medication (as described on the container)

For how long will your child take this medication:

Full directions for use:

Storage:

Dosage:

Timing:

every effort will be made to ensure the medication is given at the correct time

Self administration?:

Procedures to take in an emergency:

CONTACT DETAILS

Name:
Relationship to pupil:
Address:

Daytime telephone no:

- I understand that I must deliver the medicine personally to the school office.
- I accept that this is a service that the school is not obliged to undertake.
- Although every effort will be made to ensure the medication is given correctly, I understand that on occasions a dose could be late, or possibly missed altogether.

Signed..... Date:.....

MEDICATION RECORD SHEET

Date		Date	
Time given		Time given	
Dose given		Dose given	
Name of staff member		Name of staff member	
Initials		Initials	

Date		Date	
Time given		Time given	
Dose given		Dose given	
Name of staff member		Name of staff member	
Initials		Initials	

Appendix C

Request for a Pupil to Carry his / her Medication

This form must be completed by parents/guardian

Pupil's Name	
Address	
School	
Class/Form	

Condition or Illness

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Procedures to be taken in an Emergency

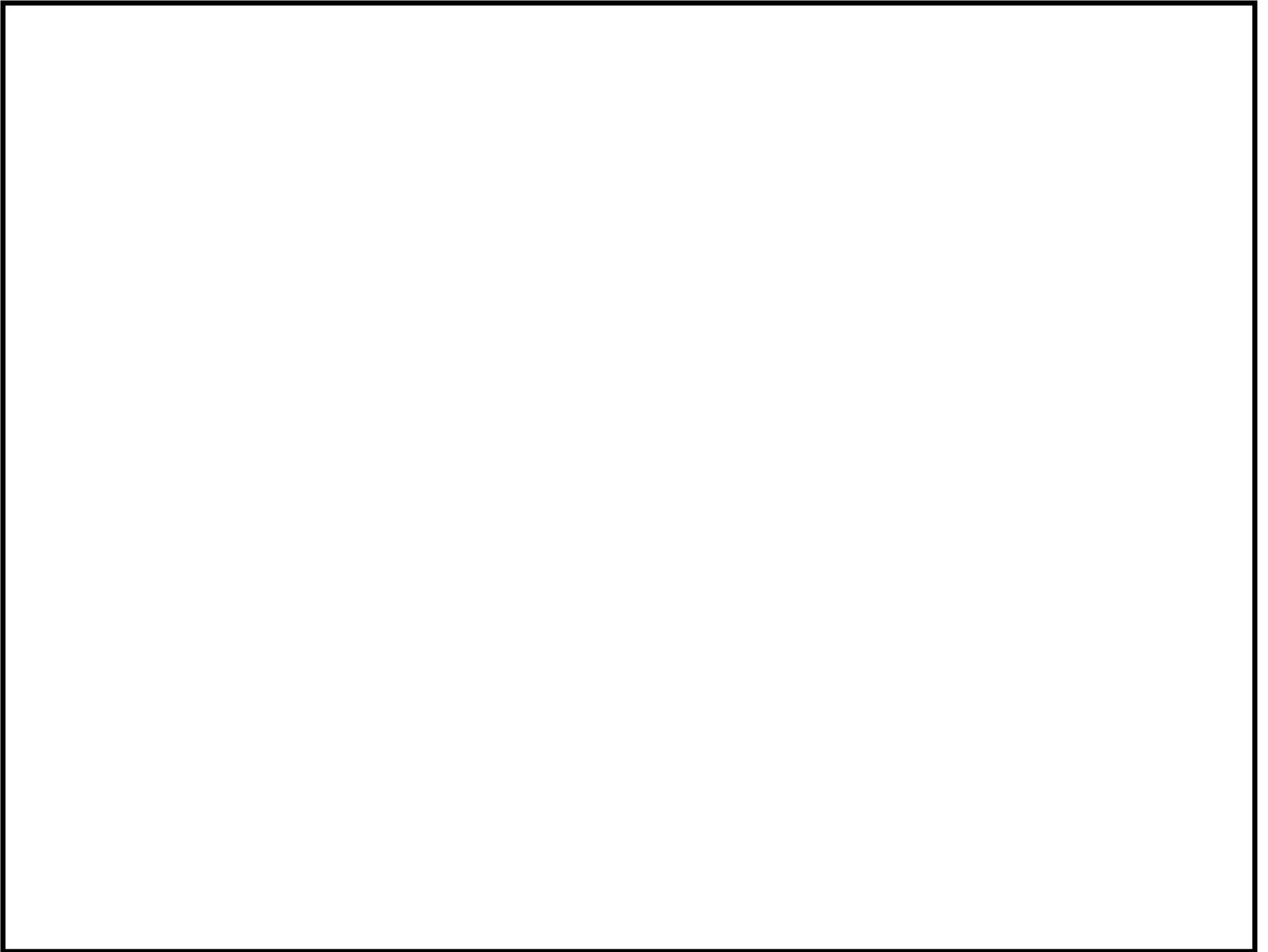
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Contact Information

Parent / Carer's Name	
Daytime contact number	
Relationship to child	

I would like my son / daughter to keep his / her medication on his / her person for use as necessary.

Name of medication	
Parent / Carer Signature	
Date	



* For example routine, emergency, anaphylaxis, distress, shortness of breath etc..

** For example inhaled, ingested, rectal infusion, injection, absorbed (skin), drops etc...

Appendix E

Contacting Emergency Services

Request an ambulance

Dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number 01761462416
2. your name
3. your location as follows – Blagdon Primary School, Bath Road, Blagdon, Bristol, BS40 7RW.
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code –BS40 7RW
5. provide the exact location of the patient within the school setting (school to consider whether to personalise for location of each card)
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use – Main Entrance - and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

ACCIDENT AND INCIDENT REPORT FORM
Including violent, aggressive and threatening behaviour



Please return to the Corporate and Schools Health and Safety Team,
First Floor, Town Hall, Weston-super-Mare, BS23 1UJ, or
electronically to health.safety@n-somerset.gov.uk

Phone: 01275 884755

1. About the person injured/ involved/ subjected to violent, aggressive or threatening behaviour:

Forename:	Surname:	Gender M / F	D.O.B: or age:
Home address (inc. postcode):			
Tel:			
The person is an: Employee <input type="checkbox"/> Member of Public <input type="checkbox"/> Contractor <input type="checkbox"/> Pupil <input type="checkbox"/>			
Job title (if applicable):		Line manager (if applicable):	
Directorate, Team, School etc:			

2. About the accident/ incident/ near miss:

Date:	Time (please specify am or pm):
Exact location of accident/ incident (include address if applicable):	
Activity at time of accident/ incident (if school, indicate if break or lunch time):	

3. Type of accident/ incident/ near miss:

Please select one from:

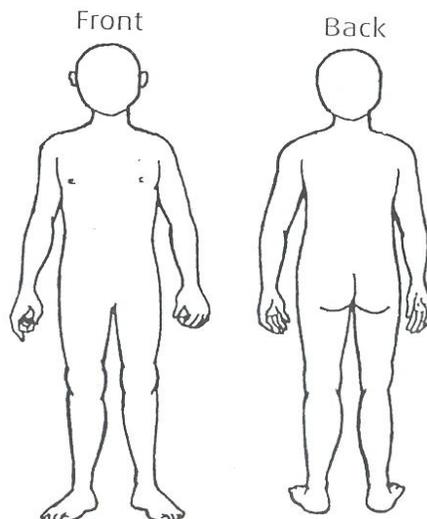
- | | |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Contact with electricity | <input type="checkbox"/> Physical assault by a person |
| <input type="checkbox"/> Contact with moving machinery | <input type="checkbox"/> Threat of violence |
| <input type="checkbox"/> Drowned or asphyxiated | <input type="checkbox"/> Verbal abuse |
| <input type="checkbox"/> Exposed to fire | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Exposed to an explosion | <input type="checkbox"/> Damage to buildings, property or structures (please describe in part 5.) |
| <input type="checkbox"/> Exposed to/ contact with a harmful substance | <input type="checkbox"/> Work related disease (please describe in part 5.) |
| <input type="checkbox"/> Fell from a height of approx. ____ metres | <input type="checkbox"/> Another type of incident (please describe in part 5.) |
| <input type="checkbox"/> Accident involving vehicle | |
| <input type="checkbox"/> Hit by a moving/ flying/ falling object | |
| <input type="checkbox"/> Hit something fixed or stationary | |
| <input type="checkbox"/> Injured by an animal | <input type="checkbox"/> Near miss (please describe in part 5.) |
| <input type="checkbox"/> Injured whilst handling/ lifting or carrying | |
| <input type="checkbox"/> Slip/ trip/ fall on same level | |
| <input type="checkbox"/> Slip/ trip/ fall on stairs/ steps | |
| <input type="checkbox"/> Trapped by something collapsing | |
| <input type="checkbox"/> Accidental physical injury by a person e.g. certain sporting/ playground injuries | |
| <input type="checkbox"/> Another type of injury accident (please describe in part 5.) | |

4. About the injury (if the person named in part 1 was injured):

Injury (e.g. fracture, cut):

Part of body injured (please indicate left or right side): _____

Alternatively indicate on the picture below:



5. Accident/ incident/ near miss description:

Please include details such as: events leading up to the accident/ incident/ near miss, what the person was doing when it occurred, equipment involved, structural or equipment defects and supervisory arrangements if applicable.

What happened:

Actions taken to prevent the incident recurring:

Were the police called? Yes No

(For pupils only) Was there adequate supervision in the area at the time of the accident?
Yes No N/A

If necessary, use an additional sheet(s) and/ or an accident investigation form and attach to form.

6. Witnesses:

If there were any witnesses, give their name and address (complete on separate sheet if necessary):

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If there are written witness statements, please include them as part of your investigation.

7. Details of assailant (if violent, aggressive or threatening behaviour):

The person is an: Employee <input type="checkbox"/>				Member of Public <input type="checkbox"/>		Contractor <input type="checkbox"/>		Pupil <input type="checkbox"/>	
Forename:		Surname:				Gender M / F		Age:	
Home address (if known):									
Tel:									
If member of the public, please include description e.g. height, characteristics etc:									
Details of any previous incidents if known:									

If the assailant is a member of the public, does this information need to be added to the Cautionary Contacts Database? (not relevant for pupils) If so, discuss and action with your manager.

Was physical intervention used? (only relevant to pupils) Yes No If yes, please complete a separate 'physical intervention using force' form.

8. Additional details:

Did the person named in part 1 (tick any that apply):

- Go from the scene of the accident/ incident to a hospital? (by any mode of transport)
- Receive hospital treatment (excluding examinations and diagnostic tests e.g. x-ray) for their injury?
- Become unconscious?
- Remain in hospital for more than 24 hours?

Or:

- Return to normal duties/ class
- Go home
- Other - please specify _____

Was the person seen by a first aider? Yes No

If yes, name of first aider:	First aid treatment given:
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Did the person (if employee) have any absence from work, as a result of the accident/ incident? Yes No Unknown

If yes, absence start date:	Return to work date:
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Can you confirm if the person was absent from work or unable to perform their normal work duties, for more than 7 days after the accident? Yes No Unknown

9. Person completing this form (if different from person named in part 1):

Name, role and signature:	
Email:	
Tel number:	Date: