

# Navigation Primary School

## Policy for Managing Medical Needs in School



Governors' Committee Responsible: Finance, Personnel and Facilities Committee  
Next review Date: Autumn 2018 (review cycle every year)

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at Navigation Primary with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in the place of the parent and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for medication and should supply the school with up to date information.

This Policy will be reviewed regularly and will be readily accessible to Parents/Carers and staff through our school website.

### **1. Aims of the policy:**

To ensure that children are:

- safe
- included in as many school activities as possible, including those that are extra-curricular
- nurtured to develop their confidence
- given consideration appropriate to their condition but not singled out unnecessarily.

To ensure that staff:

- understand their duty of care to children in the event of an emergency
- feel confident to know what to do in an emergency
- understand that certain medical conditions are serious and can potentially be life threatening, particularly if ill managed or misunderstood
- understand the common medical conditions that affect children at this school
- receive training on the impact medical conditions can have on pupils.

### **2. Policy Implementation**

The overall responsibility for the successful administering and implementation of this Policy is given to Headteacher. He or she will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in case of staff absences or staff turnover to ensure that someone is always available and on site. The school's special educational coordinator (SENCo) will be given overall responsibility for managing individual risk assessments and associated care plans.

All staff will be expected to show a commitment and awareness of children's medical conditions. All new members of staff will be inducted into the arrangements and guidelines set out in this Policy.

### **3. Definitions of medical conditions:**

Pupils' medical needs may be broadly summarised as being of two types:

- short-term affecting their participation in school activities because they are on a course of medication.

- long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

#### **4. The role of staff at Navigation Primary School**

Some children with medical conditions may also have special educational needs and disabilities (SEND). Where this is the case governing bodies must comply with their duties under the Equality Act 2010. Some may also have Special Educational Needs and may have a statement or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this guidance should be read in conjunction with the SEN Code of Practice and the Navigation Primary School SEN policy.

If a child is deemed to have a long-term medical condition, the school will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. The school, health professionals, parents/carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

Staff members must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any Individual Health Care Plans). At the school, we recognise that a first-aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, who we have regular access to, will provide training and subsequent confirmation of the proficiency of staff in a medical procedure, or in providing medication.

At Navigation Primary:

- All staff members are made aware of the most common serious medical conditions at the school and they are made aware of all of the children across the school who have an individual risk assessment. Staff members are made aware through a confidential register and through meetings between staff members, parents and carers.
- Although particular staff members are trained in more depth, all staff members at the school understand their duty of care to pupils in the event of an emergency.
- Action for staff member to take in an emergency for common serious conditions at the school is displayed in prominent locations around the school- staff room, classrooms, PPA room, the first aid area and the school office. In addition, the school regularly provides updates via staff training on these key conditions.
- We use IHCPs to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help
- If there is an emergency, the IHCP will be sent with the child to the hospital.
- If a pupil needs to be taken to hospital, a member of staff will always accompany them and stay with them until their parent arrives.

#### **5 Managing medicines:**

The following are the procedures to be followed for managing medicines:

- a) Medicines should only be administered at the school when it would be detrimental to a child's health or school attendance not to do so. Medicine will only be given with written consent from parents in advance.
- b) No child under 16 should be given prescription or non-prescription medicines without their parents/carers' written consent.
- c) School staff members will not administer non-prescription medicines to a child, if a parent/carer wishes a child to have the non-prescription medicine administered during the school day, they will need to come to the school to administer it to their child.
- d) If a child requires hay fever medication then, with parental consent, this may be administered by school staff.
- e) The school will only accept prescribed medicines that are in-date, labelled, 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 inside an insulin pen or a pump, rather than in its original container.

- f) All medicines will be stored safely in the office. Children should know where their medicines are at all times and be able to access them immediately
- g) Medicines and devices such as asthma inhalers, buccolam, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away; these will be stored in the classroom where both class teacher and child know how to access them. If a child requires an asthma inhaler it is crucial that there is an inhaler in the school at all times.
- h) During school trips, the first aid trained member of staff/member of staff in charge of first aid will carry all medical devices and medicines required.
- i) Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school should be noted.
- j) Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed. These will be kept in the office. See appendix 3 for the record sheet
- k) When no longer required, medicines should be returned to the Parent/Carer to arrange for safe disposal.
- l) Collection and disposal of sharp boxes is arranged within the school's sanitary contract. The exception to this is for children with diabetes where the sharps box is returned to parents/carers.
- m) A copy of the form for administering medicines in school is available on the school website.

### **6.1 Asthma:**

Asthma pumps will be kept in the classroom in a place where the child has access if necessary. Children should have these pumps with them during physical activity and when they are on school trips. If a child is on the school's asthma register as having asthma, they will not be allowed to go on a school trip unless they have their pump with them or there is a spare one available. The pumps should be sent home on a termly basis. Parents are responsible for checking the use by date and replenishing them. Staff members will be aware of the IHCP attached to the children with asthma. Information will be up in the classroom to help support a child in using their inhaler if they are having an attack.

### **6.2 Severe allergic reaction:**

When needed pre-scribed epi-pens are kept in the school office. Various members of staff will be trained to use the epi-pens in case of an emergency, instructions how to use them will be placed in classrooms, the staffroom and the school office.

### **6.3 Epilepsy:**

If needed, medication for severe epilepsy (buccolam) would be kept with the class teacher. Various members of staff would be trained to administer this and there would be additional information in classrooms, the staffroom and the school office in how to administer it, if the occasion arose.

## **7 Individual Risk Assessments**

- a) Individual Risk Assessments will be written and reviewed by the class teacher with the support of health professionals, the SENCo and parents and it will be the responsibility of all members of staff supporting the individual children to ensure that the plan is followed. The class teacher will be responsible for the child's development and ensuring that they and their medical conditions are supported at school. All parents and carers will be asked annually to complete/update a health care plan where needed.
- b) Individual risk assessments will help to ensure that the school effectively supports pupils with medical conditions. They will 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. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, health care professional and parents/carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate.

- c) Individual risk assessments will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will 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 a child has SEN but does not have a statement or EHC plan, their SEN should be mentioned in their Individual Health Care Plan.
- d) Individual risk assessments will be reviewed twice a year at Navigation Primary and the review will be overseen by the SENCo.

## **8 The environment (see also accessibility policy)**

### **8.1 Physical environment:**

- a) This school is committed to providing a physical environment that is accessible to all pupils with medical conditions
- b) The physical environment includes out of schools visits. The school recognises that additional staff may be required to support trips

### **8.2 Social interactions:**

- a) This school ensures that the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including breaks and before and after school.
- b) This school ensures that the needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities such as: school discos, breakfast club, school productions, residential trips etc.
- c) All staff members at the school are aware of the potential social problems that children with medical conditions may experience. Staff members use this knowledge to try to prevent and deal with problems in accordance with the school's behaviour policy.
- d) Staff use opportunities such as 'Skills for Life' lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

### **8.3 Exercise and physical activity:**

- a) This school understands the importance of all pupils taking part in sports, games and activities.
- b) This school ensures that we make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.
- c) We ensure that pupils are not forced to take part in an activity if they feel unwell.
- d) Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.
- e) We ensure that pupils have appropriate medication or food with them during physical activity and those pupils take them when needed.
- f) We ensure that all pupils with medical conditions are actively encouraged to take part in out of school clubs and team sports.

### **8.4 Education and learning:**

- a) We ensure that pupils with medical conditions can participate fully in all aspects of the curriculum and we ensure that appropriate adjustments and extra support are provided
- b) If a pupil has limited concentration or they are frequently tired, all teachers at the school understand that this may be due to the medical condition.
- c) If a pupil has a lot of time off due to illness, the school will provide work up to a point and will work in conjunction with the authority to provide appropriate education off site if necessary as it may be appropriate for the pupil to have a one-to-one tutor at home.
- d) The SENCO tracks the progress of each child with a medical need and ensures support is given where necessary.

### **8.5 Out of school visits:**

- Risk assessments are carried out prior to any out of school visit and medical conditions are considered during this process. We will consider: how all pupils will be able to access the activities proposed; how routine and emergency medication will be stored and administered and where to obtain help in an emergency.

## **9 Complaints**

Should parents/carers 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 complaints procedure outlined in the school's Complaints Policy.

## **10. Equal Opportunities**

All pupils at Navigation are treated equally, regardless of background, belief, gender and ability (or any disability).

## **11 Monitoring policy**

This policy will be reviewed by the Finance, Personnel and Facilities Committee every two years.

Signed \_\_\_\_\_ on behalf of the Governing Body

Signed \_\_\_\_\_ Headteacher

Date: \_\_\_\_\_

**Annex:**  
**Anaphylaxis**

Anaphylaxis is a serious life-threatening type of allergic reaction. It usually develops suddenly and gets worse very quickly.

The symptoms include:

- feeling **lightheaded or faint**
- **breathing difficulties** – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- **confusion** and anxiety
- collapsing or losing consciousness

There may also be other **allergy symptoms**, including an itchy, raised rash (**hives**), feeling or being sick, swelling (**angioedema**), or **stomach pain**.

What to do if someone has anaphylaxis

Anaphylaxis is a medical emergency. It can be very serious if not treated quickly.

If someone has symptoms of anaphylaxis, you should:

1. **call 999 for an ambulance immediately – mention that you think the person has anaphylaxis**
2. **remove any trigger if possible – for example, carefully remove any wasp or bee sting stuck in the skin**
3. **lie the person down flat – unless they're unconscious, pregnant or having breathing difficulties**
4. **use an adrenaline auto-injector if the person has one – but make sure you know how to use it correctly first**
5. **give another injection after 5-15 minutes if the symptoms don't improve and a second auto-injector is available**
6. **Keep the child lying down or seated and have someone stay with them until they have been assessed by a paramedic.**
7. **Unconscious patients should be placed in the recovery position**

Guide to Using An EpiPen®

1. There is no need to remove clothing to use an **EpiPen®**, but make sure the orange end will not hit buckles, zips, buttons or thick seams on clothes.
2. To remove **EpiPen®** from the carry case. Flip open the lid on the carry case. Tip the carry case and slide the **EpiPen®** out of the carry case.
3. Lie the child down with their legs slightly elevated to keep their blood flowing or sit them up if breathing is difficult.



Each **EpiPen®** can only be used once. If symptoms don't improve, you can administer a second **EpiPen®** after 5-15 minutes.

**“You Must call 999, ask for an ambulance and state ‘anaphylaxis’.”**