



Headteacher: Mrs Jacinta Foo
Tel : 01933 677202
Fax: 01933 679458
Email: info@littleharrowdenprimary.net
Web: www.littleharrowdenprimary.net

LITTLE HARROWDEN Community Primary School



Children with Medical Conditions Policy **Including the Administering of Medicines and First Aid**

Last review date: 1st January 2021

By: Gail Roe & Jacinta Foo

Next review date: January 2022

Document History		
Amendment	Name	Date
Created	Heidi Redman	1 st September 2014
Reviewed and amended extensively	Gail Roe	1 st January 2021
Added diabetes section	Gail Roe	18 th January 2021

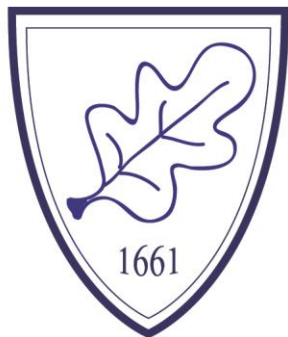
INTRODUCTION AND SCOPE OF POLICY

New legislation came into force from September 1st 2014 under the Children and Families Act 2014, stating that Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

This policy should be read in conjunction with Little Harrowden Primary School Policy for Special Educational Needs, Access Policy, Equalities Policy, The Teaching and Learning Policy, the Attendance Policy and the Health and Safety Policy.

At Little Harrowden Primary 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 and recuperation.

The Children and Families Act 2014 (section 100) from 1st September 2014, places a duty on schools to make arrangements for children 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 loco parentis 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.

Some children with medical conditions may be disabled. Where this is the case, the School and Local Academy Committee (LAC) must comply with their duties under the Equality Act 2010. Some children may also have special educational needs (SEN) and may have a statement, or Education, Health and Care plan (EHCP) which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the SEN code of practice 2014.

Under the Children and Families Act 2014, the LAC must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.

In making their arrangements, the LAC will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The LAC will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The LAC should ensure that their 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 their confidence and promote self-care.

They should ensure that staff are properly trained to provide the support that pupils need.

The LAC must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

DEFINITION OF MEDICAL NEEDS

For the purpose of this policy, pupils with medical needs are:

- Children with chronic or short term medical conditions involving specific treatments or forms of supervision during the course of the school day, or
- Sick children, including those who are physically ill or injured or are recovering from medical interventions, or
- Children with mental health problems



- Children who are unable to attend school due to a short term medical condition

NAMED PERSON – MEDICAL NEEDS CO-ORDINATOR

The member of staff responsible for ensuring that pupils with medical needs have proper access to education is the Medical Needs Co-ordinator (MNC). The Medical Needs Co-ordinator for Little Harrowden Primary School is the Office Manager. They will be 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 their responsibility to pass on information to the relevant members of staff. The School Administration team deals with the administration of the medicines and medical procedures which may need to be conducted in school.

The MNC, along with the Senior Leadership Team and Bursar, will ensure that staff are fully trained for the children that are in their care. This will also include Lunchtime Supervisors and staff working in wrap around care at school.

The MNC/Office Manager organises the medical records being shared and the medicines in school are monthly checked to ensure they are in date. First aid items are stored in either classroom medical bags or the main office.

Inhalers and auto adrenaline injectors (AAIs) are kept in classrooms at all times. Additional inhalers and AAIs are kept in the main office, together with generic inhalers and AAIs. Generic AAIs are kept on the board by the main office door (inside the office), clearly labelled as such. Generic asthma inhalers are kept in the main office cupboard, clearly labelled as such.

The school office will ensure that any supply teacher is briefed about any medical conditions of the child/children in the class they are covering. They will also ensure cover for children with medical conditions should a staff member trained in their medical condition is absent.

PARTNERSHIP WITH PARENTS/CARERS AND PUPILS

Parents hold key information and knowledge and have a crucial role to play. Parents and pupils will be involved in the process of making decisions.

Parents are asked to 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 asked to sign to agree to contact made with outside agencies.



Parents and pupils will be fully involved in discussions and plans before any home teaching can be agreed to if that is deemed to be the best support at any given time.

Parents need to provide information in writing about a change to a medical condition.

Absence as a result of a medical condition

- In cases where pupils are absent for periods less than 15 working days, parents will follow the normal arrangements for informing the school. If the length of the period of absence can be anticipated, then it may be appropriate for the class teacher to provide the pupil with a pack of work to do at home.
- Where an absence exceeds 15 working days, the school will inform the Inclusion. 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.
- If a pupil is to be admitted to hospital for a period longer than 5 working days or is going to be absent from school due to illness or injury for more than 15 days then the Family Support Worker or SENCO will contact Hospital and Outreach Education directly or via the teaching provision at Kettering or Northampton General Hospital as appropriate and will consult with staff there about ensuring continuity of education.

Arrangements for access to education in the case of long-term absence

- It is essential that parents/carers inform the school at the earliest opportunity if it is anticipated that an absence will be long term (exceeding 15 working days).
- When an absence of more than 15 working days can be predicted, arrangements for continuing the pupil's education will be made by the SENCO. After speaking to the parents, they will contact the Hospital and Outreach Education. The SENCO will then send on documentation that will inform staff about the pupil's needs, enabling them to plan appropriate provision. Information sent will generally include:
 - curriculum targets;
 - a current Individual Education Plan (IEP) and/or personal education plan, if the pupil has either of these;
 - extracts from the latest Annual Review (pupils with statements or Education Health and Care Plans only).



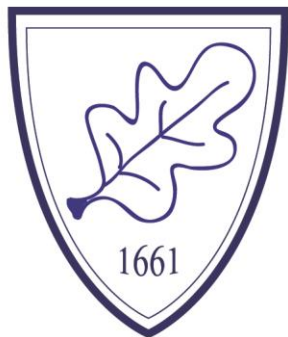
- The school, with the parent's cooperation, will maintain contact with pupils unable to attend. It may be appropriate for email to be used and if special events are taking place at school it may be possible for a video to be made and a copy sent to the hospital or home. In certain instances a child's class teacher may be able to send material to the education provider that will help to keep the absent pupil up to date with topics being covered in class.
- The school will continue to monitor the progress of pupils unable to attend. This will be done through discussion with teachers working with the child out of school and by examining work samples (where appropriate). In cases of extended absence the SENCO will arrange for a review to be held, attended by the pupil's parents, the education provider and the class teacher.

Reintegration following absence for medical treatment

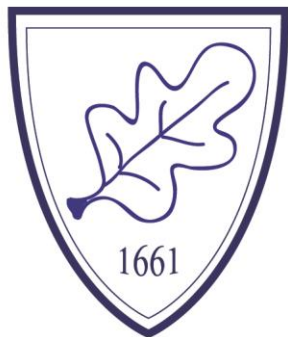
- As with the notification of absence, it is very important that parents give the school as much notice as possible about the pupil's date of return to school.
- The school will draw up an individually tailored reintegration plan including appropriate risk assessments for the pupil's safety being put into place in advance of the pupil's return to school. This plan will set down any new procedures that need to be followed and will ensure that any additional equipment is in place. Particular attention will be given to matters such as handling and lifting and support staff will be given appropriate training. It is essential that all agencies involved with the pupil contribute to the drawing up of the plan. In some cases it will be necessary to have outside professionals on site when the child first returns.
- For some children, reintegration will be a gradual process. A pupil may start with a short visit to school and gradually increase the time spent in class as s/he builds up stamina. Where mobility and independence are reduced, or where additional medical procedures are involved, a preliminary visit will help to establish whether there are any safety issues that need to be resolved before a date is fixed for the pupil's return.
- If it seems as though a pupil will have significant medical needs for the foreseeable future, it may be necessary to consider making a request for statutory assessment under the Code of Practice (Pupils with Medical Needs). There will be consultation with the parents on this matter.

Catering for pupils' 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.



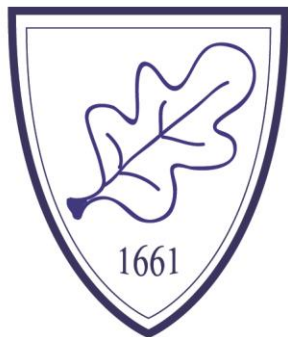
- Parents of new pupils are required to complete a form which gives the school information about individual medical needs. It is the duty of parents to return this form promptly so that any necessary preparations can be made. This will be updated annually.
- Information supplied by parents is transferred to the Individual Healthcare Plans (IHPs) for individual children. This is co-ordinated by the School office. All medical forms are stored in pupil files (main office), on the S Drive (Admin) and hard copies can also be found in the main staff room. Teaching staff are given a copy for their records each year. These are NOT displayed in the staff room or on classroom walls. Support staff are fully informed of the medical conditions of the children they may be supporting. The IHP forms indicate whether there is a care plan or risk assessment in place for a pupil.
- Staff must familiarise themselves with the medical needs of the pupils they work with. Training is provided in connection with specific medical needs so that staff know what precautions to take and how to react in an emergency.
- Before taking children off the school premises, the member of staff in charge will check that any medication or equipment that needs to accompany pupils is safely packed and they will discuss this with the parents if necessary.
- Medication is kept in the school office and/or classroom and is taken under supervision. Prescribed medicines are only administered in specific circumstances and parents must complete a form from the school office given consent for staff in school to administer the medicine. It is the responsibility of parents to ensure that medicines are not out of date. Reminders are sent by the Office Manager/MNC 3 months before expiry date (chasers then sent 2 months and 1 month from expiry, until new medication is received). Each classroom has an orange medical bag to keep inhalers, AAls etc in for quick accessibility. Parents are responsible for supplying information about medicines that their child needs to take at school, for letting the school know of any changes to the prescription or the support needed and for ensuring it is in date. The parent or doctor would provide details including:
 - Name of medication
 - Dose
 - Method of administration
 - Time and frequency of administration
 - Other treatment
 - Any side effects
- Any medication that is considered a 'Controlled Drug' must be kept in a locked cupboard and a register kept when this has been administered by staff trained to do so.



INDIVIUDAL HEALTH CARE PLANS

When deciding what information should be recorded on individual healthcare plans, the LAC should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, (some children will be able to take responsibility for their own health needs), including emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable
- Who in the 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 by the pupil during school hours
- 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, eg risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements.
- Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan with lessons, counselling sessions; to carry out regular exercise programmes. These will be supervised by a member of staff who will have



received training from an appropriate professional. Where necessary, pupils will be provided with an exercise bed and a degree of privacy whilst carrying out their exercises.

- Pupils who need special arrangements for toileting will be assisted by a trained member of staff and will use one of the school's disabled toilets. Protective gloves and aprons are provided for staff and there are procedures in place for the disposal of soiled nappies and used catheters. Pupils are encouraged to develop as much independence as possible in connection with toileting. A toileting plan will be drawn up in consultation with parents and professionals, to ensure that both the child and the staff member have clear and concise information.
- Risk Assessments are completed for children where necessary for activities in school, in wrap around care on day trips and on residential trips. All risk assessments are stored in the School Office and are written/prepared by Mrs Gail Roe (Educational Visits Co-ordinator – EVC). School staff take medical forms on school trips and always carry a mobile phone.

MONITORING

Individual care plans and medical protocol plans are reviewed where necessary and at least annually. Changes of medical conditions must be given to the school office in writing from the parent(s).

Staff training and support

The LAC will monitor how staff will be supported in carrying out their role to support pupils with medical conditions, and how this is reviewed. Training needs will be provided by approved providers eg School Nurses, relevant to the child's medical condition.

No staff will administer medication without the appropriate training

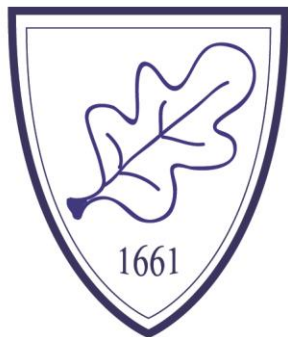
AAI training runs regularly throughout the year and is delivered by the School Nursing Team (this may be face-to-face, or online). The school office keeps a list of the staff trained with the different medications administered in school. All staff are expected to undertake AAI training annually.

Record Keeping

Parents are asked on the admission form if their child has medical needs – upon which appropriate forms are issued where applicable.

IHPs are used to record the support an individual child needs around their long term medical condition(s).

There is a centralised register of IHPs, and an identified member of staff has responsibility for this register. Named staff member is: Gail Roe.



IHPs are reviewed annually at a minimum, and sent home to confirm acceptance by parents. IHPs will be reviewed more frequently should the need become apparent.

An accurate written record is kept of all administered medication and first aid within school. All records are archived at the end of each academic year and kept for the appropriate amount of time based on GDPR guidelines.

FIRST AID

It is the policy of the School to have at least one member of staff with a 'First Aid at Work' certificate. In addition some members of staff have Appointed Persons certificates and/or Paediatric Certificates. These certificates are updated every three years.

A first aid kit is located in the school office with additional first aid kits for use on educational visits and sports activities. First aid kits are also found in every classroom.

The Office Manager is responsible for checking the contents of the first aid kits in the office on a termly basis, ensuring that they are maintained in line with the current regulations. Teachers are responsible for the first aid kits in their classrooms, and should report any missing items to the main office, to replenish their kits as soon as they are aware.

A School Accident Book is maintained and all injuries are recorded in accordance with the LA's code of practice.

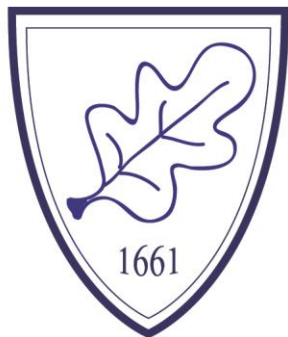
If a child becomes unwell or has an accident during school hours, which is considered sufficiently serious to require medical attention, a member of the Senior Leadership Team (SLT) should be notified immediately and a parent contacted.

In the event of a serious accident/incident, an ambulance is called and a member of staff accompanies the pupil to hospital. Parents are asked to go immediately to the hospital.

Occasionally, it may be appropriate to transport a child to hospital without using an ambulance. This should be on a voluntary basis. In such cases staff should ensure they have the specific cover on their insurance and that they are accompanied by another member of staff.

Children who are unwell should be reported to the office and arrangements will be made for a parent to collect the child.

If a child has a minor accident (including bumped heads) at school, a message is sent home electronically to the legal guardians of the child.



The LAC and Head teacher are responsible for regularly reviewing the School's first aid needs to ensure the provision is adequate.

All staff are able to summon assistance of a designated member of staff in an emergency. This person should be contacted first when assistance is required. The designated person for Little Harrowden Primary School is **Gail Roe**. Contact should then be made with a member of SLT: Jacinta Foo, Gemma Buckley, Suzanne Turner, or Angelina Forestiero. Contact can be made by phone, shouting, or by sending another staff member to pass on the message.

MEDICATION

Prescribed Medication

The administration of medication falls outside the definition of first aid and should only be administered under the following conditions:

- All staff expected to administer medication must receive specific instructions and training relevant to the medication. The school should request training from the school nurse.
- The only medications which can be administered by staff in school are medicines prescribed for a child by a doctor and only after the parents have completed a permission form. The medication will be administered by any staff member who is deemed responsible and will ensure that an authorisation form has been completed.
- Children will not administer their own medication, unless trained to do so, parental permission has been gained by the school, and the child is competent and happy to do so.
- If a child refuses to take their medication, staff will not force them to do so. Parents will be informed.
- Commercially available medications must not be administered in School to children by any member of staff. The child's parent may however come into school to administer the medication. On trips a generic form needs to be completed by the parent for medicines such as Calpol to be given.
- Children with special medical needs will be considered on an individual basis and a health care plan tailored to their needs will be negotiated.
- Medicines will be kept in the School Office or in the staff room fridge, as appropriate, and all will be labelled.
- Medicines can only be administered on completion of an authorisation form signed by the parent.



- Medicines may only be given by the Head teacher, Office Staff, First aider or delegated member of staff.
- A record will be kept in the school office of all medication administered.
- Medicines must be clearly named.
- All medication must be collected by an adult at the end of the day, it cannot be sent home with the child.

Asthma Medication

- Children using asthma inhalers should be taught by parents to be responsible for their equipment and to use it properly.
- Asthma medication must be named and should be kept either by the child or in the class medical box, where it is accessible for the child.
- Parents should inform staff in the main office of the required dosage of the medication. Classroom staff should then check with office staff regarding dosage, should they be required to deliver the medication.
- Parents to sign an authorisation form at the beginning of each academic year, which is kept in the medication (yellow) folder in the school office cupboard.
- Asthma medication must be taken by the child to swimming and P.E and kept in the same room as the child during the activity.
- Parents are responsible for keeping their child's medication up to date. Reminders will be sent by the school as expiry dates come closer.
- Generic inhalers are kept in school, children with permission to access these are marked as such on the school MIS (Arbor), and the hard copy forms are kept in the medication (yellow) folder in the school office cupboard.

Auto Adrenaline Injectors (AAIs)

- Children who have AAIs for use in case of an anaphylactic reaction should have a minimum of **two** pens stored in school. The first should be in their classroom in the medical bag with their name on and the second should be stored in the school office cupboard, again with their name on.



- Only staff that have been trained and signed a generic protocol form, copies of which are kept in the school office and the appropriate child's class medical bag, are allowed to administer the AAI. See Appendix A for consent form.
- Before administering, staff should check the allergy register, which is kept in the bag with the generic AAI's (in the school office).
- When going on school trips, both AAI's need to be taken and a trained member of staff accompany the trip. Children requiring an AAI will have separate risk assessments written for school trips.
- If an AAI is used, an ambulance must be called.
- If a child uses an AAI or inhaler it must accompany the child on all school trips. If they are found to be out of date or not on site on the day of the trip, every endeavour will be made to get the medication into school. However if this is not possible the child will be unable to go on the school trip.
- An individual shall be named with responsibility for overseeing protocol for use of generic AAI's, monitoring implementation and maintaining the allergy register. As follows:

Named individual: Gail Roe

Deputy Named Individual: Lorna Cooper

- All staff who volunteer to administer a pupil's AAI will:
 - Have received full training (recommended or delivered by the School Nursing Team), relevant to their level of responsibility
 - Be identified IHPs as someone whom all members of staff will have access to in an emergency

Diabetes

- Children in school who have diabetes should have access to all medication at all times.
- There should be an adequate number of staff trained to aid and/or assist whenever required.
Note: each child with diabetes will require individual training, delivered by the school nursing team and diabetes specialists. This is due to the different ways insulin can be delivered into the body, and differing needs of each child.
- Children with diabetes are often able to identify if they feel unwell, but there should always be a trained adult in the classroom, who is able to spot signs.



- If a child's blood sugar reading goes below 4, they should be responsive and able to correct the hypo by eating rapid sugars. If a child's blood sugar reading is higher than 14, they will (probably) need to deliver a bolus (injection or pump) of insulin. Again, they should be responsive.
- If a child's blood sugar is extremely low or extremely high, they may become unresponsive. If the child has Glucagon, put on gloves and rub the gel from the tube into their gums ONLY if their blood sugars are low. Call a member of staff who has adequate training to administer this.
- If a child becomes unresponsive, always call an ambulance on 999.

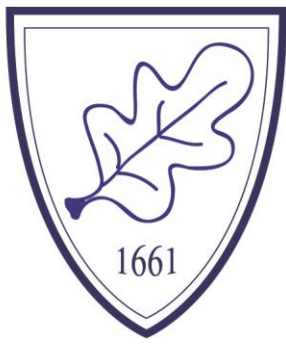
LIABILITY AND INDEMNITY

Within the Children and Families Act 2014 guidance document there is reference to liability and indemnity. Paragraph 44 of the document states that LACs should ensure that the appropriate level of insurance is in place and appropriately reflects the levels of risk present. Paragraph 45 states that the insurance policies should provide liability cover relating to the administration of medicines.

The Northamptonshire Schools insurance scheme cover applies to all school related activities including extra-curricular activities and school trips and provides an indemnity to LACs, teachers, other employees and volunteers in respect of the administration of medicines and first aid treatment.

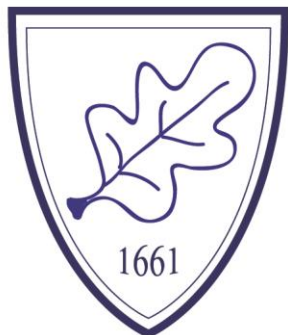
The following are items considered to be insured under existing public liability insurance cover where an appropriate health care plan, training or written instructions have been provided and are updated on a regular basis in accordance with a care plan or risk assessment;

- Administration of medicines pre-prescribed by a medical practitioner via nasogastric tube, gastronomy tube or orally.
- Administration of over the counter medicines with parental consent (where applicable)
- Catheter bag changing and tube cleaning, excludes insertion of tubes
- Colostomy and Stoma care subject to written guidelines being followed
- Application and changing of dressings following a written health care plan
- Defibrillators subject to following written instruction and appropriate documented training
- First aid provision by qualified first aider and applicable during the course of the business for the benefit of employees, pupils and visitors



- Application of ear or nose drops
- Application of AAls
- Gastronomy and nasogastric tube feeding and cleaning, no cover for insertion of tube
- Fitting and replacement of hearing aids following written guidance
- Inhalers, Cartridges and Nebulizers
- Injection of pre-packaged dose of treatment on regular basis as pre-prescribed by a medical practitioner, includes Insulin subject to training and written care plan
- Administration and assistance with Oxygen following written guidelines and training
- Rectal diazepam and midazolam in pre-packaged dose subject to written guidelines with 2 members of staff present

The cover specifically excludes any procedure or action taken that is not identified above. If a pupil at school requires support with a medical procedure not detailed above the named person will contact the school Insurance immediately for advice and guidance. The bursar will hold insurance information. In addition any use of equipment for the purposes of diagnosis is not insured nor is the prescription of medicines.

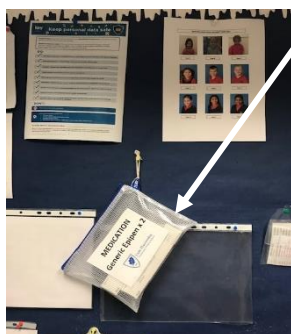


Appendix A - Consent to Administer Form for Staff

Staff Auto Adrenaline Injector Pen (AAI) Consent to Administer Form

Children in school with AAI's may require staff to administer/deliver the dosage if required.

All children who have had an AAI prescribed hold a minimum of 2 pens in school (one in their classroom, one in the main office). Generic AAI's are also held in the school office, in 150mg and 300mg doses. See below photos for location. This wallet also holds a register of children who may need to use AAI's, and also a list of staff who have consented to administer.



By signing this form, you are consenting to being on the register of staff who can be contacted in an AAI emergency. You have the right to withdraw your consent at any time, and consents will be reviewed annually.

Thank you for your support.

Gail Roe
Medical Needs Co-ordinator

I consent to administer AAI's should it be required in school for 2020-2021 academic year.

Name:

Role:

Date:

Signature: