

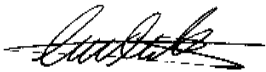
# First Aid Policy 2

## Supporting Children with Medical Needs

### 2024 - 2025



<b>Governor Committee Responsible:</b>	Premises	<b>Staff Lead</b>	Mr. G. Mills
<b>Status</b>	Statutory	<b>Review Cycle</b>	Annual
<b>Last Review</b>	June 2024	<b>Next Review Date</b>	June 2025

Designation	Name	Date	Signature
Chair of Premises			
Head Teacher	Mr. G. Mills		

## **Designated Member of Staff: Inclusion Lead**

### **Definition**

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

- (a) Short-term affecting their participation in school activities whilst they are on a course of medication.
- (b) Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

### **Rationale**

LAs and schools have a responsibility for the health and safety of pupils in their care. The HSE Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need.

The Children and Families Act, 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.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

### **Aims**

The school aims to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education if possible.
- monitor and keep appropriate records. (these are handed over at the end of each academic year to the next teacher/TA)

### **Entitlement**

The school accepts that pupils with medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils.

The school believes that pupils with medical needs should be enabled to have full attendance and receive necessary proper care and support.

The school accepts all employees have rights in relation to supporting pupils with medical needs as follows:

- receive appropriate training;
- work to clear guidelines;
- may have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.
- have responsibility for administering medication when 'confident and competent'.
- choose whether or not they are prepared to be involved

### **Roles and responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

### **Governing bodies must**

- Make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented;
- Ensure that a pupil with medical conditions is supported to enable the fullest participation possible in all aspects of school life;
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions;
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

### **Head Teachers should**

- Ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- Ensure that all staff who need to know are aware of the child's condition;
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- Have overall responsibility for the development of individual healthcare plans.
- Make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

- Contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

## **School staff**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## **School nurses**

The school will make every effort to gain access to the school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

**Other healthcare professionals, including GPs and paediatricians** should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes).

## **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Wherever practicably possible, the school will endeavour to ensure that they should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will also be made aware of conditions so that they can be sensitive to the needs of those with medical conditions.

## **Parents**

Parents must provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide

medicines and equipment and ensure they or another nominated adult are contactable at all times.

## **Local Authorities**

Local Authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.

Local Authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

Local Authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

## **Providers of health services**

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. The school recognises that health services can provide valuable support, information, advice and guidance to support children with medical conditions at school.

## **Staff training and support**

**Any member of school staff providing support to a pupil with medical needs should have received suitable training. This training should have been identified during the development or review of individual healthcare plans.**

- The school recognises that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.
- Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.
- The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained.
- The school may choose to arrange training themselves and should ensure this remains up-to-date.
- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

- **Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.**
- Whole school awareness training will be used to ensure that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing this policy.
- The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice, but should not be the sole trainer.

### **The child's role in managing their own medical needs**

The school recognises that in some cases, children may be competent to manage their own health needs and medicines. After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be reflected within individual healthcare plans.

Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

### **Managing medicines on school premises**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
- Children under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- 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 to schools inside an insulin pen or a pump, rather than in its original container
- All medicines will be stored safely in the First Aid Room. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away. This is particularly important when outside of school premises eg on school trips.
- The school will keep controlled drugs that have been prescribed for a pupil securely stored in a secure location.

- Controlled drugs will be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
- The school should 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 school will be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- Sharps boxes will always be used for the disposal of needles and other sharps.

## **Individual healthcare plans**

Everyone at Swindon Village recognises that Individual healthcare plans can help to ensure that the school effectively supports pupils with medical conditions:

- They 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, especially where medical conditions are long-term and complex.

However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided in Appendix 1 of this policy.

The format of individual healthcare plans may vary to enable the school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on the school, but should 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 individual child's condition and the degree of support needed. The school recognises that 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 special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child.

Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate.

The aim should be to capture the steps which our school should take to help the child manage their condition and overcome any potential barriers to getting the most from their

education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

The Governing Body will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

When deciding what information should be recorded on individual healthcare plans, the Governing Body will 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 tests, 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 in 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, 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.



## **Expectations**

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- where parents have asked the school to administer medication for their child, the prescription and dosage regime should be typed or printed clearly on the outside. The school will usually only administer medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible.
- any medications not presented properly will not be accepted by school staff. Pupils should not bring in their own medicine. This should be brought into school by the parent.
- employees will consider carefully their response to requests to assist with the giving of medication or supervision of self-medication and that they will consider each request separately.
- the school will liaise with the Health Service for advice about a pupil's special medical needs, and will seek support from the relevant practitioners where necessary and in the interests of the pupil.
- any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

For children who have long term medical needs, a comprehensive Health Plan will form the basis of all actions.

## **Unacceptable practices**

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child or their parents; or ignoring medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- requiring parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

## **Emergency procedures**

- As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will know what to do in general terms, such as informing a teacher immediately if they think help is needed.
- If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

## **Day trips, residential visits and sporting activities**

Arrangements will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.

The school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

The school will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

## **Record keeping**

Written records must be kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

## **Liability and indemnity**

The school will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions and insurance policies will be accessible to staff providing such support. Insurance policies will provide liability cover relating to the administration of medication, but individual cover might need to be arranged for any health care procedures.

The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

## **Complaints**

Should parents 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 school's complaints procedure. Making a formal complaint to the DFE should only take place if the school has breached the terms of its Funding Agreement, failed to comply with other legal obligation placed upon it or where other attempts at resolution have been exhausted. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school. This will be kept in the School's office and with the class teacher.

This document is to be read in conjunction with the DFE guidance for supporting pupils with medical conditions in school.

This policy is reviewed annually by the Inclusion Manager in conjunction with the staff, pupils, parents and governors.

**Appendix 1:Flow chart for the development of Individual Healthcare Plans.**

