



# HIGHFIELD PRIMARY SCHOOL AND HIGHFIELD WRAPAROUND CHILDCARE MEDICAL CONDITIONS POLICY



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Signed: *D Thorne* (Chair of Governors)  
*J Feeley* (Headteacher)

Highfield Primary School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

## **Highfield Medical Conditions Policy to be used in conjunction with:**

DfE Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools and proprietors of academies in England

Leeds City Council PG 505

Section 5 : General School Safety

Health and Safety Handbook for Schools

Section: General School Safety

For the purposes of this policy, the term 'Highfield', 'school', and 'staff' shall refer to both Highfield Primary School and Highfield Wraparound Childcare.



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## Introduction

Highfield Primary School recognises that duties in the Children and Families Act 2014 and the Equality Act 2010 relate to children with disability or medical conditions.

This policy is written to support those children with individual medical needs and how their needs can be met at Highfield Primary School

## Policy Statement

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with medical conditions the same opportunities as others at school.

We will help to ensure they:

- Are safe from harm
- Do well at all levels of learning and have the skills for life
- Choose healthy lifestyles
- Have fun growing up
- Are active citizens who feel they have voice & influence

We understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. We also understand the importance of medication being given as directed by healthcare professionals and parents.

All relevant staff understands the medical conditions that affect pupils at our school. We also make sure all our staff understands their duty of care to children and young people in the event of them requiring medical intervention.

The named member of our staff responsible for this medical conditions policy and its implementation is Jonathan Feeley (Head Teacher).

The medical conditions policy is reviewed evaluated and updated annually.

## Policy Framework

The policy framework describes the essential criteria for how we meet the needs of children and young people with long-term conditions, including diabetes and asthma. No child or young person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

## Training 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 co-operatively 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.



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## **Governing body**

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also 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.

## **Headteacher**

Ensures 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. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also 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. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should 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.

## **Parents**

Parents should 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. Parents have responsibility for keeping their child's medication within the expiry date and changing the medication before it expires.

## **Pupils**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. 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 often be sensitive to the needs of those with medical conditions.

## **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



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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**

Every school has access to 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. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

## **Other healthcare professionals**

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 individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

## **First Aiders and Training**

Highfield takes responsibility for ensuring that there are named staff with explicit responsibility for administering medication and providing care. A dedicated member of staff oversees all health plans and medicines in school and liaises with staff and parents. They have dedicated time every week to do this. All teaching staff undertake refresher first aid awareness training every three years. There are three trained first aid in the workforce fully trained first aiders who are retrained every three years. Reception staff are paediatric first aid trained and one member of the Reception team has the full paediatric first aid training qualification and is retrained every three years.

## **Emergency procedures**

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips. These are written to the individual trip risk assessments (EVOLVE).

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.

If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The school office will ensure ambulances have access to the site and will support in communication with parents. One of the schools fully trained first aiders or in Reception, paediatric first aider will always be called and will stay with the child until the ambulance arrives. They will be responsible to communicating with the 999



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phone call. The head teacher is responsible for ensuring the health and safety notification following an accident is completed, investigated, and sent to LCC.

## Medicines

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. 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.
- schools should only accept prescribed medicines if these 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 should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- School should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.
- 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. Schools 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 should be noted in school.

## Children managing their own procedures

Children must be able to access their medicines for self-medication (e.g. inhalers) quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If school deem it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should 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.

## Defibrillators



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Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe.

Highfield has purchased a defibrillator as part of their first-aid equipment and has notified the local NHS ambulance service of its location. Our Staff members appointed as first-aiders are trained in the use of CPR

## **Asthma inhalers**

Highfield holds asthma inhalers for emergency use. We also hold emergency Adrenaline auto injectors. Parents sign a consent form to use both the inhalers and AAI's.

## **Record keeping**

Written records are 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.

## **Insurance**

The school is insured through the Department for Education's Risk Protection Arrangement insurance arrangements which cover staff providing support to pupils with medical conditions. Our policy provides liability cover relating to the administration of medication. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

## **Unacceptable Practice**

- 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 for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- penalising children for their attendance record if their absences are related to their medical condition, e.g. 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;
- preventing children from participating, or create unnecessary barriers to children participating



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in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

### **Complaints**

Should parents 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 Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.