



PINNACLE SCHOOLS FEDERATION MEDICAL NEEDS POLICY

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Equality Impact Assessment (EIA) Part 1: EIA Screening

Policies or Procedure	Medical Needs Policy	DATE:	22.09.20
CARRIED OUT BY:	Kate Bashford	APPROVED BY:	Mike Riches

Groups that may be affected:

Are there concerns that the policy could have a different impact on any of the following groups? (please tick the relevant boxes)	Existing or potential adverse impact	Existing or potential for a positive impact
Age (young people, the elderly; issues surrounding protection and welfare, recruitment, training, pay, promotion)	No impact	
Disability (physical and mental disability, learning difficulties; issues surrounding access to buildings, curriculum and communication)	No impact	
Gender reassignment	No impact	
Marriage and civil partnership	No impact	
Pregnancy and maternity	No impact	
Race	No impact	
Religion and belief (practices of worship, religious or cultural observance, including non-belief)	No impact	
Gender identity	No impact	
Sexual orientation	No impact	

Any adverse impacts are explored in a Full Impact Assessment.

1 – Statement

The Pinnacle Schools Federation will properly support pupils at school with medical conditions so that they have full access to education, including school trips and physical education. The school will also put in place procedures to deal with emergency medical needs.

This Policy will be regularly reviewed and updated by the full governing body annually. The overall responsibility for the effective implementation of this policy is held by Mike Riches, Headteacher.

The schools will work together with local authorities, health professionals and other support services to ensure that children with medical needs receive a full education. 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. Consideration will be given to how children will be reintegrated back into school after periods of absence.

No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a child at school at times where it would be detrimental to the health of that child or to others.

2 – Procedures

The following procedures are to be followed when notification is received that a pupil has a medical condition.

2.1 A parent or a health care professional, with consent of parent, informs the school that:

- a child has been newly diagnosed, or;
- is due to attend a new school, or;
- is due to return to school after a long-term absence or
- has medical needs that have changed.

2.2 The Headteacher or senior member of school staff to whom this has been delegated co-ordinates a meeting to discuss the child's medical support needs, and identifies the member of school staff who will provide support to the pupil.

2.3 A meeting will be held to discuss and agree on the need for an Individual Healthcare Plan (IHCP). The meeting will include key school staff, child, parent, relevant healthcare professional and other medical/healthcare clinician as appropriate (or to consider written evidence provided by them).

2.4 An IHCP will be developed in partnership, and the meeting will determine who will take the lead on writing it. Input from a healthcare professional must be provided.

2.5 School staff training needs will be identified.

2.6 Healthcare professional commissions or delivers appropriate training and staff are signed off as competent. A review date for the training will be agreed.

2.7 The IHCP will then be implemented and circulated to all relevant staff.

2.8 The IHCP will be reviewed annually or when the medical condition changes. The parent or healthcare professional will initiate the review.

2.9 For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

3 – Individual Healthcare Plans

3.1 Not all pupils with medical needs will require an IHCP. The school together with the healthcare professional and parent will agree, based on evidence, whether a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher will take the final view.

3.2 The format of the IHCP will depend on the child's condition and the degree of support needed. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their healthcare plan.

3.3 The following will be considered when deciding what information will be recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's needs including medication and other treatments;
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies;
- Who will provide this support, their training needs, expectation of their role and confirmation of proficiency, and cover arrangements for when absent;
- Who in school needs to be aware of the child's condition and required support;
- Arrangements for written permission from parents and the Headteacher 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 e.g. 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.

4 – Roles and Responsibilities

4.1 Governing body

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

4.2 Headteachers

- Ensure that their school's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know (including first aiders) are aware of the child's condition.
- Ensure sufficient number of trained staff are available to implement and deliver all required IHCPs.
- Have overall responsibility for the development of IHCPs, including contingency and emergency arrangements.
- Ensure that school staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensure the school nurse is aware of children with medical conditions.

4.3 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.
- Should receive suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.4 School nurses, Health care professionals (GPs etc)

- Responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.

- Support staff to develop and implement IHCPs, providing advice and training.
- Liaise with lead clinicians locally on support for child and associated staff training needs.

4.5 Pupils

- Full involvement in discussions about their medical support needs.
- Contribute to the development of, and comply with, IHCP.

4.6 Parents

- Provide the school with sufficient and up to date information about their child's medical needs.
- Contribute to the development of the IHCP.
- Carry out any action they have agreed to as part of the IHCP implementation.

4.7 Local Authority

- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Where a pupil would not receive a suitable education in a mainstream school because of their health needs, to make other arrangements.

5. Staff Training and Support

5.1 Any member of school staff providing support to a pupil with medical needs will receive suitable training.

5.2 The relevant healthcare professional will normally lead on identifying the type and level of training required. The training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

5.3 School staff will not give prescription medicines or undertake healthcare procedures without appropriate training.

5.4 All school staff will be made aware of the school's policy for supporting pupils with medical conditions, and their role in implementing that policy.

6. Child's Role in Managing Their Own Medical Needs

6.1 Where a child is deemed competent to manage their own health needs and medicines, this should be reflected in their IHCP.

6.2 Wherever possible children will be allowed to carry their own medicines and relevant devices, and to access their medicines for self-medication quickly and easily, but with an appropriate level of supervision.

7. Managing Medicines on School Premises

7.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

7.2 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent. There will be very few circumstances where schools will consider that non prescribed medication will be acceptable in their premises. This should be considered only in exceptional circumstances which are agreed with parents.

7.3 No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

7.4 Wherever possible prescribed medicines should be taken outside school hours.

7.5 The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist (except insulin which may be in a pen or pump) and include instructions for administration, dosage and storage.

7.6 All medicines will be safely stored in a location which is known and accessible to the child.

7.7 Where a child has been prescribed a controlled drug, they may legally have it in their possession if they are competent to do so, but passing it to another child is an offence and will be dealt with accordingly.

7.8 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.

7.9 When no longer required medicines will be returned to parents to arrange for safe disposal.

8. Emergency Procedures

8.1 Each IHCP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

8.2 If a child is taken to hospital, a member of school staff will stay with the child until the parent arrives.

9. Use of Emergency Salbutamol Inhalers

9.1 From October 2014 schools have been allowed to keep salbutamol inhalers and spacers for use in emergencies. Our schools do not currently hold emergency inhalers. Further information about how Asthma will be managed in our schools can be found in Appendix A.

10. Use of Emergency Adrenaline Autoinjectors

10.1 From October 2017 schools have been allowed to keep adrenaline autoinjectors for use in emergencies. Our Schools do not currently have an adrenaline autoinjector.

11. Defibrillator Provision

11.1 A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Our Schools do not have a defibrillator. At Hawkesbury, there is a defibrillator located at the Village Hall. At Iron Acton a defibrillator is located at the Parish Hall. Access to defibrillators is given by calling 999.

12. Day Trips, Residential Visits and Sporting Activities

12.1 Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities.

12.2 Our Schools will consider what reasonable adjustments may be required to enable children with medical needs to participate fully and safely on trips and visits. This will be considered as part of the activity risk assessment to take account of any steps needed to ensure that pupils with medical conditions are included.

13. Unacceptable Practice

13.1 The following is regarded by the Schools as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child, parents or medical professionals;
- Sending children with medical conditions home frequently, or preventing them from staying for normal school activities;
- Penalising children for their attendance record if their absences are related to their medical condition;

- Preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents to attend school to administer medication or provide medical support to their child including toileting issues; and
- Preventing children from participating, or creating unnecessary barriers to children participating, in any aspect of school life, including school trips.

14. Liability and Indemnity

14.1 Hawkesbury CE VC Primary school is insured with Zurich Municipal under the South Gloucestershire Council policy number: QLA-05U004-0013 with public liability and employers' liability cover of up to £50million.

14.2 The Iron Acton CEV VC Primary School Public Liability Policy provides an indemnity for those staff involved in the administration or supervision of medication orally, topically, by injection or by tube and the application of appliances or dressings, provided the following can be demonstrated:

- Appropriate training of those staff by a competent person (for that particular medical need)
- Regular refresher training
- Ensuring the staff who are administering the medication are fully aware of any changes to individual pupil care/medical records
- Signed and dated records of all medication administered

15. Complaints

15.1 If parents or pupils are dissatisfied with the support provided by the school to pupils with medical conditions, they should discuss their concerns directly with the school. If the issue remains unresolved, they may make a formal complaint via the school's complaint procedure which is available on the schools websites or from the school office.

Appendix A Asthma

We recognise that asthma is an increasingly common condition amongst children. It ranges in severity from the occasional wheeziness to severe attacks and shortage of breath and at its most severe can be fatal. In the vast majority of cases pupils with asthma should be able to take part in all areas of school life

Guidelines

It is essential that we understand how to deal with asthma medication and inhalers effectively. There are two main types of treatment, both of which come in an inhaler.

RELIEVERS – which help the child's breathing difficulties,
PREVENTERS – which make airways less sensitive. These will not normally be used during the school day

Children with exercise-induced asthma should take their inhaler as directed before they start exercise. They should bring inhalers to the hall, swimming pool and Sports Fields. Children who say they are too wheezy to continue, should take their reliever inhaler and rest until they feel better.

Teachers should be aware that some children are shy in public when taking their inhalers, and where appropriate will implement strategies so a child can discretely ask for their inhaler (e.g. by giving an orange card to the teacher). We will ensure that other children understand asthma so that they can support their friends.

In order to make our school asthma friendly we have adopted appropriate measures

- the school is a non-smoking environment
- Chemicals, cleaning materials and aerosols sprays are not used whilst pupils are present.
- Pets are housed away from the classroom.

Roles and Responsibilities

PARENTS should:

- Ensure their child's diagnosis is regularly reviewed, and inform the school about treatment details and changes
- Ensure their child attends regular reviews at their GP surgery
- Ensure that their child's inhaler is full and up to date. All inhalers should be accompanied by a spacer, unless the child has a dry powder or breath actuated device. A metered dose inhaler alone should not be used.
- Ensure the inhaler is taken home at the end of the term, and returned to school at the start of the new term.

- Advise the school of any changes to their child's treatment needs or any deterioration in their condition, temporary or permanent.

Key stage 1

- Help their child identify the onset of the symptoms of asthma and understands the need to ask for assistance. Help the child to identify triggers (e.g. cold weather, hay fever, illness), that can adversely affect their condition.
- ensure their child knows how to use their inhaler with support or independently.

Key stage 2

- Ensure their child can identify correctly the symptoms of asthma, understands the need to ask for assistance, and can use their inhaler independently. The School will encourage parents to ensure that their child understands how their medication works.

TEACHERS should :

Key stage 1 (including year 2 pupils when they are in a mixed year 2/3 class)

- Ensure that the class box of inhalers is kept in a clearly labelled box(includes year 2 pupils when they are in a mixed year 2/3 class)
- Ensure that children have access to their inhaler when they need it
- Ensure that all inhalers are taken on school trips and given to appropriate adults.
- Informally monitor each child's use of their inhaler, and response to the medication

Key stage 2 (children keep their own inhaler in school)

- Ensure that children have access to their inhaler when they need it
- Ensure children are aware of their responsibility to bring their inhalers themselves on trips
- Children should tell an adult when they experience the worsening symptoms of asthma or any difficulties
- Use their inhaler independently and sensibly(year 2 may still need some support)
- Ensure that their inhaler is kept safe.
- Tell their parents when they have used their inhaler in school

Practical measures in case of an Asthma attack

- Stay calm and reassure the child.
- Encourage them to sit down, fairly upright or leaning forwards slightly, as they feel most comfortable.
- Let them take their inhaler as directed (usually 2 puffs).
- If the dose has not been effective, a second dose of 5 puffs should be taken with the spacer after 10-20 minutes. It is not possible to overdose on a blue inhaler.
- If the child is still very breathless or is unable to complete a short sentence, parents should be contacted and/or medical advice sought. At this stage give a further 10 puffs of their reliever inhaler should be administered, again using a spacer.

Key Stage 1 inhalers will be located in a box in the classroom

Key Stage 2 inhalers will be located in the pupils' own drawer for immediate access.