



Kington St Michael CE Primary School

Policy Statement for Pupils with Medical Needs

Most pupils at some time have a medical condition, which may prevent them from attending school. For the majority this will be short term. For pupils who have long- term or recurrent illness, access to school may be limited. The Department for Education and Science (DfES) has produced statutory guidance 'Access to Education for Children and Young People with Medical Needs' with regard to pupils who may be absent for more than 15 school days because of medical need. This policy statement has been written to comply with such guidance.

Kington St Michael CE Primary School (KSM) seeks to maintain a high quality continuing education for those pupils on roll who have medical needs and are unable to attend school as a result.

KSM will work closely with the Local Authority (LA), health professionals and other agencies to ensure that their pupils receive access to appropriate educational provision when they are not able to attend school.

Management Responsibility

The designated member of staff with responsibility for pupils with medical needs at KSM is Mrs Cavey. The role of the designated member of staff is to provide a link between the school, family and the LA and other agencies.

Continuing Provision for Pupils with Medical Needs

When KSM becomes aware that a pupil will be absent from school for more than 15 school days because of their medical need, the designated member of staff will notify the Education Welfare Officer (EWO) as soon as possible. This will assist the LA with continuity of educational provision.

The designated member of staff will provide the EWO with such information as is required to make a referral to an appropriate education provider. Parental consent will be obtained before information regarding the pupil is passed to the EWO.

The designated member of staff will be responsible for liaising with the LA education provider and will ensure that information is given regarding the pupil's ability, progress and work programmes. Wherever possible, work and materials will be provided for the pupil in accordance with their peers.

In cases of long-term or recurrent absence the designated member of staff will participate in the development of a Personal Education Plan (PEP) for the pupil. This will be written in conjunction with the LA, the parents and pupil.

Monitoring and Recording of Absence

All pupils who are unable to attend school for more than 15 school days due to medical needs will be regularly monitored and reviewed by the designated member of staff together with LA representatives. Ongoing medical advice will be taken into account at all times.

Absence will be recorded on the register as medical (eg code M) **only when** appropriate medical advice has been received. When a pupil commences education with an alternative education provider the absence will be recorded as educated off site (eg code B).

This is in accordance with the LA and school attendance policy.

Pupils absent for medical reasons will not be removed from the school roll unless advice is received from the School Medical Officer stating they will not be fit to return to school before ceasing to be of compulsory school age. Parents will be fully consulted and their consent sought if their child is to be removed from the school roll in these circumstances.

Pupils with Long -Term or Recurring Absence

Some pupils will be away from school long-term or with recurrent bouts of illness. In these cases the designated member of staff will liaise with the LA to ensure that alternative education provision is put in place as soon as possible. The school will have responsibility for ensuring that the education provider has all information regarding work programmes and curriculum plans. It is acknowledged that continuity of education is important for these pupils. For pupils whose learning progress is being severely affected by long term absence the Special Educational Needs Co-ordinator (SENCo) will be advised and consideration will be given as to whether Statutory Assessment of Special Educational needs should commence.

Pupils with a Statement of Special Educational Need

These pupils may be able to access alternative educational provision through the LA – sometimes with assistance from specialist teaching services. The SENCo will notify the Assessment and Placement Service if a pupil with a Statement of SEN is going to be absent from school through medical need.

The school will retain responsibility for co-ordinating the Annual Review meetings and for inviting the appropriate people to such reviews.

Reintegration

For pupils who have been absent from school it may be necessary to have a staged reintegration plan. The designated member of staff will co-ordinate the initial meeting to instigate a plan, together with the LA, parent and pupil and any health professionals who may need to be involved.

The reintegration will be monitored and reviewed regularly with all parties to ensure success.

Contact between School/Pupil

KSM is committed to ensuring that, even if a pupil is absent for medical reasons they should retain contact with the school.

After consultation with the pupil and parents, and taking into account their wishes in relation to the level of contact, the designated member of staff will put a plan into place to ensure contact is maintained.

KSM has the following modes of contact available:

Newsletters to be sent home
Inclusion in trips and social events
Contact with peers and members of staff via e-mail

Statutory assessment

Wherever possible statutory assessment will be undertaken. KSM will endeavour to ensure that sufficient educational input is made to enable each pupil to reach their full potential.

As the time for public statutory assessment nears pupils and parents will be fully consulted so that their wishes may be taken into consideration.

Medication for pupils

- The school is committed to pursuing a policy of inclusive education. No child should be excluded from school activities by virtue of having a medical condition.
- The school will carry out risk assessments and care plans where appropriate in conjunction with the school nurse and parents to determine the procedures the

school will need to adopt. These assessments and plans will also identify any exceptions to normal participation in school activities.

- Teachers and support staff have a responsibility to act as any reasonably prudent parent would to maintain the health and safety of the pupils under their control, whether this is at school or during any other school event or activity. In exceptional circumstances, this might extend to administering medicine or taking other medical action in an emergency.
- It is entirely the decision of each individual employee in the school as to whether he/she is prepared to personally administer medication. No sanction will be taken against any employee who declines to undertake this task.
- No medication must be given to any child without the specific written consent of the parent/carer concerned and authorisation from the Headteacher. (Consideration should be to the need for the medicine to be taken during school hours.)
- It is entirely the decision of the school management whether to allow a member of staff to administer medication to pupils which has been prescribed by an appropriate medical practitioner i.e. GP or Paediatrician. If a school chooses not to take on this responsibility then parents must be informed. Any school that chooses to accept the responsibility must carry out the duty with reasonable care and follow the advice contained in this section.
- It is the entirely the decision of each individual employee, within any school that chooses to accept the responsibility for the administration of prescribed medication, as to whether he/she is prepared to personally administer medication. No sanction must be taken against any employee who declines to undertake this task.
- **Non-prescribed medicines containing analgesics (including mild painkillers such as aspirin or paracetamol) should not be given, even with the consent of parents/carers.**
- The concern of employees administering medication in respect of personal liability is unfounded. The LA takes vicarious liability for the actions of its staff provided those actions are taken in good faith and in accordance with LA policy and practices.

Children Taking a Course of Prescribed Medication

Where a decision is reached that medication will be given in school:

- Few medicines need to be taken during normal school hours and in most cases the appropriate dosage of medicine when prescribed to be taken 'three times a day' can be given 'before school, after school and at night'. The same principle can also be applied to medication such as creams/drops for conjunctivitis etc. However, the school should not assume that this will always be the case as some prescribed medication will have times or conditions stipulated by the doctor.
- Where pupils are recovering from a short term illness which requires medication (such as tablets, creams, eye drops, mixtures), any request for school staff to administer medicine by a parent/carer must be in writing and include evidence that the child needs to take medicine during school hours, e.g. instructions on the container or advice from the pharmacist. Standard forms have been drawn up to assist in this process. They are Form 1 (Parental Consent form) and Form 3 (Medical Practitioner's form). If parents are unwilling or unable to provide written consent using Form 1 or schools have some reason to doubt the information provided on Form 1, seek confirmation directly from the medical practitioner using Form 3.
- The medicine, together with the completed and signed consent form, should be delivered to school, where possible by a parent, and should be handed personally to the headteacher or a designated member of staff. The school policy should make it clear that in no circumstances should staff administer prescribed medication on their own initiative or without the written consent of parents/carers.
- A written record should be kept of the administration of all prescribed medication to pupils, using Form 2. Such a record should be kept together with the instructions, and be checked on every occasion and completed by the designated member of staff. The record should give the date and time of administration, the name of the medicine, the dose given, the name of the child and the name of the staff member administering the medication. Form 2 should be retained on the school premises with the school's and child's records respectively. It is recommended that you print the

administration form on the back of the consent form in order that the two documents do not become separated.

- **Medicines must be stored safely in the pharmacist's original container and be clearly labelled with the contents, the child's name, and the dosage and/or other instructions.**
- The receiving member of staff should check the accuracy of the name and date. Some medication such as liquid antibiotics or insulin may need to be kept in a refrigerator. Certain medicines will also need to be securely stored but where they can be quickly and easily accessed in the event of an emergency i.e. epi-pens. These medicines must be placed in a suitable sealed container, e.g. plastic box and clearly marked "medicines". Under no circumstances should medicines be kept in first aid boxes.
- Any medication which has passed its expiry date should be collected from school by parents within 5 days of the expiry date or it should be disposed of safely (e.g. by returning it to the local pharmacist). Medicines should not be disposed of in the sink or toilet.

Special circumstances

Some pupils have specific medical needs which may require treatment in an emergency which may involve invasive medical procedures (e.g. epipen). Other children may require special personal care involving intimate or invasive treatment (e.g. assistance with catheters).

- These children will have a care plan, drawn up by the school nurse together with the parents and the school.
- Staff who are willing to administer such treatment will be given appropriate training to enable them to act in emergencies in potentially life threatening situations or in providing intimate or invasive personal care. **Only those who are both willing and appropriately trained should administer such treatment.**
- For the protection of both staff and children a second member of staff should be present when the more intimate procedures are being followed.
- Appropriate personal protection should be worn.
- The dignity of the child should be protected as far as possible at all times, even in emergencies.
- All staff should be made aware of the pupil's condition (subject to parent/carer consent) and know where to locate trained staff.
- All staff should respect the confidentiality of medical information.
- Medication should be stored in a sealed container clearly marked 'emergency medication' and with the pupil's name. Trained staff should have immediate access to it.
- Pupils with personal inhalers can administer their own medication.
- Pupils will be responsible for the storage of inhalers.
- Parents will be responsible for ensuring that the inhaler is in school.
- The school will keep a register of inhaler users.

Risk assessment

- For a number of pupils with medical needs it may be appropriate for risk assessments to be carried out on certain activities, e.g. physical activities and visits. This would consider such issues as medical needs, medication requirements, physical abilities, emergency treatment
- Risk assessments and individual health care plans should be compiled prior to the child starting at the school. They should be developed in conjunction with parents/carers, should determine the procedures which schools will need to adopt to comply with the Local Authority's (LA) policy of inclusive education and should also identify any exceptions to normal participation in school activities.

All staff at this school are aware of the most common serious medical conditions in school. They understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required to act like any reasonably prudent parent. This may include administering medication.

All staff receive training and know what to do in an emergency for the pupils in their care with medical conditions. Training is refreshed for all staff annually.

We use Healthcare Plans to inform the appropriate staff (including supply teachers and support staff) of pupils in their care. We have procedures in place so that a copy of the pupil's Healthcare Plan is sent to the emergency care setting with the pupil. If this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.

Enrolment forms

Parents at this school are asked if their child has any health conditions or health issues on the enrolment form, which is filled out at the start of each school year. Parents of new pupils starting at other times during the year are also asked to provide this information on enrolment forms.

Healthcare Plans

This school uses a Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition.

If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete.

The parents, SENCo, healthcare professional and pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan together.

Use of Healthcare Plans

Healthcare Plans are used by this school to:

- inform the appropriate staff and supply teachers about the individual needs of a pupil with a medical condition in their care
- remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times
- identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers
- ensure that all medication stored at school is within the expiry date
- ensure this school's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency
- remind parents of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates. This includes spare medication.

Residential visits

Parents are sent a residential visit form to be completed and returned to school. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

All residential visit forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.

All parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

The residential visit form also details what medication and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff

and supervisors to help the pupil manage their condition while they are away.

Exercise and physical activity

We understand the importance of all pupils taking part in sports, games and activities. We ensure all classroom teachers, PE teachers and sports coaches make appropriate adjustments to sports, games and other activities to make physical activity accessible to all pupils.

Teachers and sports coaches are aware of pupils in their care who have been advised to avoid or to take special precautions with particular activities.

We ensure all pupils with medical conditions are actively encouraged to take part in out-of-school clubs and team sports.

Children with Asthma

Kington St. Michael School:

- Welcomes all pupils with asthma
- Will encourage and help children with asthma to participate in all aspects of school life
- Recognises that asthma is a significant condition affecting many children
- Recognises that immediate access to inhalers is vital
- Will do all it can to make sure that the school environment is favourable to children with asthma
- Will ensure that other children understand asthma so that they can support their friends
- Has a clear understanding of what to do in the event of a child having an asthma attack
- To work in partnership with parents, governors, health professionals, staff and children to ensure the successful implementation of this policy
- The school has a no smoking policy

Procedure

- The children are expected to keep their ventolin inhaler (marked with their name) with them at school in a designated place. It is the parent's responsibility to ensure that the inhaler is kept within its use by date
- Parents are responsible for training their child to use their inhaler
- Checks will be made to ensure they are taken on school trips
- Children may use the inhaler as they feel necessary, (a child cannot overdose), particularly before physical exercise, if appropriate
- Staff will inform parents if it is felt the inhaler is being used too frequently, thus enabling a revised prescription to be obtained if appropriate.
- Preventer inhalers (brown) are usually used at home

Policy Approved by: _____ S+C Committee _____

Policy Approval Date: _____ 30.9.2016 _____

Policy Review Date: _____ September 2018 _____



SCHOOL ASTHMA ACTION PLAN

Asthma action plan for _____ Date __/__/____

Child's DOB __/__/____

Emergency contact for parent _____

Doctors name and contact number _____

Usual signs of asthma

Wheeze

—

Tightness in chest

—

Cough

—

Worsening signs of asthma

Wheeze

—

Tightness in chest

—

Cough

—

Managing Exercise Induced Asthma (EIA)

Always take the inhaler and spacer with the student to exercise so you have it with you in case of emergency.

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken:

1. Students should take 2 puffs of blue reliever medication 5-10 minutes before warm up and then warm up appropriately.
2. If the student presents with asthma during the activity the student should stop the activity, take their blue reliever medication and wait 5-10 minutes. If the symptoms improve, they may resume activity. If their symptoms reoccur, recommence treatment. **THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES** and the parent/carer should be informed of the incident.
3. Cool down at the end of activity and be alert for asthma symptoms after exercise.

ASTHMA FIRST AID PLAN

1. Sit the student down and remain calm to reassure them. Do not leave the student alone.
2. Without delay shake the blue reliever puffer (*usually salbutamol or Ventolin*) and give 2 separate puffs through the spacer (use the puffer alone if a spacer is not available). Use one puff at a time and ask the student to take 4 breaths from the spacer after each puff, or allow the student to just breathe in through the spacer for approx 10 seconds before giving the next puff.
3. Wait 5 minutes. If there is no improvement, repeat steps 2 and 3.
4. If there is still no improvement after a further 5 minutes – call an ambulance immediately (dial 999) and state that student is asthmatic and having breathing difficulties. Continuously repeat steps 2 and 3 while waiting for the ambulance.

Any other notes:

- Please notify parent if the student regularly has asthma symptoms at school.
- Please notify parent if the student has received asthma first aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there is any change to these instructions.

Parent's/Guardian's Signature : _____

Date __/__/__

Doctor/clinician's Signature : _____

Date __/__/__

School staff member/s Signature : _____

Date __/__/__

Date __/__/__

Date __/__/__



Kington St Michael CE Primary School

Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Symptoms

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Class teacher, adults in school, (head teacher, TAs, sports coaches and office staff).

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to



Kington St Michael CE Primary School

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

| |
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Name of school/setting

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Name of child

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| |
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Date of birth

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Group/class/form

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Medical condition or illness

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Medicine

Name/type of medicine
(as described on the container)

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|--|
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Expiry date

| |
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Dosage and method

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Timing

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Special precautions/other instructions

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Are there any side effects that the school/setting needs to know about?

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Self-administration – y/n

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Procedures to take in an emergency

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NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

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Daytime telephone no.

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Relationship to child

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Address

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I understand that I must deliver the medicine personally to

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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____



Kington St Michael CE Primary School

Record of medicine administered to an individual child

| | |
|----------------------------------|--|
| Name of school/setting | |
| Name of child | |
| Date medicine provided by parent | |
| Group/class/form | |
| Quantity received | |
| Name and strength of medicine | |
| Expiry date | |
| Quantity returned | |
| Dose and frequency of medicine | |

Staff signature _____

Signature of parent _____

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

Record of medicine administered to an individual child (Continued)

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

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| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |