



Northfield Manor Primary Academy

Medical Needs in School Policy 2021-2022

Definition

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

- a) Short term: affecting their participation in school activities (while 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

Schools have a responsibility for the health, safety and welfare of pupils in their care. In the case of pupils with special medical needs, the responsibility of the school is to make sure that safety measures cover the needs of all pupils in the school. This may mean making special arrangements for particular pupils who may be more at risk than their peers. Individual procedures may be required. The school is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may receive.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. **Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.**

Teachers and other school staff have a common duty to act in loco parentis for all pupils and may need to take swift action in an emergency. This duty extends to teachers leading activities away from 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 (e.g. inhaler) and should supply the school with information. The school takes advice and guidance from the appropriate services (e.g. Local Authority), which encourages self-administration of medication where possible. Contact details for our school nurse are available on request from the school office. A copy of this policy is available to parents/carers on our website or from the school office.

As part of this policy, Northfield Manor Primary Academy have due regard to the following documents:

- Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', April 2014 (This statutory guidance also refers to other specific laws.)
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs Code of Practice (2014)

Supporting pupils with medical conditions in Birmingham (2015) – Interpretation of DfE guidance.

- Other school policies, such as Child Protection and safeguarding, Equal Opportunities and Inclusion policy, accessibility policy, and physical intervention policy may interlink with the aims and implementation of this medical needs policy.

Introduction

At Northfield Manor Primary Academy, children with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential and that they can access and enjoy the same opportunities at school as any other child.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require regular monitoring and interventions in emergency circumstances. Northfield Manor Primary Academy recognises that each child's needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from school. Northfield Manor Primary Academy will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well being, including any necessary re-integration programmes. This may include a child who resides at home as a result of a diagnosed mental health condition and work may be set for the child to complete at home. The school will focus on giving pupils and their parents every confidence in the school's approach and will work with parents to ensure that the child has access to education.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education Healthcare Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.

The admission to school is conducted by Birmingham City Council local authority but school may have grounds to refer to the Fairer Access Protocol (2017) where we feel that there are exceptional circumstances where we cannot meet the needs of a particular pupil. School admission to a child with a medical condition may be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Aims

The school aims to:

- assist parents/carers in providing medical care for children;
- educate staff and children in respect of special educational needs;
- arrange training for staff who volunteer or are employed specifically to support individual children;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education where possible;
- monitor and keep appropriate records.

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:

- to choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils with medical needs.

Expectations

It is expected that:

- Parents/carers/carers will be encouraged to co-operate in training children to self-administer medication if this is practicable and age appropriate.
- When any medication is brought into school it should be presented at the school office by the parents/carers **not the pupil**;
- Parents/carers/carers must complete an 'Administering of Medication – authorisation' form. This form is kept in the medical needs folder in the reprographics room and a copy made for the class medical folder; central records are up-dated. Appropriate provision is made and training completed if necessary.
- **Prescribed medicine**- the name of the pharmacist should be visible and the label should clearly state; the child's name, the name of the medication, the prescribed dose, the expiry date, written instructions provided by the prescriber on the label or container. All medicines brought into school are kept in a locked safe in the medical cupboard, staffroom fridge or in the class medical boxes; apart from inhalers and emergency medication (e.g. epi-pens), which are always kept in the classrooms. Checklists of medicines in the medical boxes to be completed half termly.
- **Non-prescribed medicine**- will only be administered with permission from parents/carers in exceptional circumstances. Staff will check the medicine has previously been administered without adverse effect and an 'Administering of Medication – authorisation' form must be completed.
- **Staff will never administer medicines containing aspirin unless prescribed by a doctor.**
Staff will never administer medication containing ibuprofen to children who are asthmatic.
- The school will record any prescribed or non-prescribed medication administered by school staff.
- School staff will consider carefully their response to assist with the administration of medication or the supervision of self- administration of medication and that each request will be considered on an individual basis.
- The school will liaise with the School Health Service for advice about a pupil's special medical needs and will seek support from the relevant health practitioners where necessary and in the best interests of the pupil.

- Any medicines brought into school by the staff, e.g. painkillers, personal inhalers should be stored appropriately, out of reach of pupils. Any staff medicine is the responsibility of the individual concerned and not of the school.

Long- term medical conditions

Where a pupil has a chronic illness, medical or potentially life-threatening condition the school will initiate a health care plan/personal alert card to meet individual needs and support the child. This will be drawn up by health care professionals in consultation with the child's parents/carers or guardians and will contain the following information;

- definition and details of the condition
- special requirements, e.g. dietary needs, pre-activity precautions
- treatment and medication
- what action to take/ not to take in an emergency
- staff training where required
- the role the school staff can play
- the role of the parents/carers
- consent and agreement

Where a pupil has a long-term medical condition there may be the need to make individual risk assessments- particularly in relation to off-site visits (trips and residential).

Emergency procedures

All staff are aware of procedures when dealing with a medical emergency. This should be supervised by a fully trained first aider. Red hands are in every classroom and other spaces around school, so that someone can be called in an emergency.

All staff are aware of pupils having a healthcare plan/personal alert card and understand the need to follow agreed emergency support. These are displayed in the staffroom and copies are in the class medical box, registers and Central Medical folder kept in the office. Lunchtime supervisors and kitchen staff are also made aware of these.

All staff know the guidance on calling the emergency services and this is displayed beside telephones.

In the event of an emergency every effort will be made to contact a parent so that they may accompany their child to hospital. If this is not possible a member of staff will accompany the child to hospital in the ambulance and stay until the parent arrives. Healthcare professionals are responsible for and decisions on medical treatment when parents/carers are not available.

At Northfield Manor Primary Academy, we ensure that there are always emergency EpiPens in school including junior versions which would be used by staff in the event of an emergency. EpiPen branded and authorized generic auto-injectors are used for the emergency treatment of the signs and symptoms of anaphylaxis, including pruritus, urticarial, angioedema, flushing, syncope, tachycardia and dyspnoea due to laryngeal spasm and/or a decrease in blood pressure. Where the brand EpiPen is not available, a suitable alternative will be purchased from the pharmacy. Anaphylaxis can be caused by triggers such as food, biting or stinging insects, medicines, latex or even radiocontrast media and exercise. It is likely that if a pupil had a severe allergy, they would already have a personally prescribed auto-injector for use in the event of anaphylaxis but school do have spares for emergency purposes.

Educational Visits

This school actively encourages children with medical needs to participate in trips and visits. Staff will aim to facilitate reasonable adjustments to enable pupils with medical needs to participate fully and safely on visits. Risk assessments will be used to highlight any potential difficulties and ensure procedures are in place to support pupils. Additional staff/adults will be considered for this purpose.

Prior to an overnight school trip parents/carers must complete an up to date medical questionnaire about the pupil's current general health and medication. Prescribed medication will be administered after parents/carers have completed a 'Request for school to administer medication' form parents/carers are invited to provide written consent to enable staff to act 'in loco parentis' and administer 'over the counter' medicines such as Calpol if required. Where this consent is refused parents/carers are asked to discuss alternative support measures with staff should their child feel unwell during the trip.

Accompanying staff will be aware of any medical needs and relevant emergency procedures. A copy of healthcare plans and Alert Cards will be taken on all visits as well as any emergency medication that may be required.

When taking pupils off the school premises, staff will ensure they always have the following:
A portable first aid kit; Information about the specific medical needs of pupils, Parents' contact details
Risk assessments will be completed by the visit leader prior to any educational visit that necessitates taking pupils off school premises. If taking pupils on trips in the Foundation Stage- there will always be at least one first aider with a current paediatric first aid certificate on school trips and visits, as required by the statutory framework for the Early Years Foundation Stage.

At least two members of staff are trained paediatric First Aiders across the school. Other members of staff are trained to have a qualification in First Aid in order to support children in school at all times.

Staff Training

Northfield Manor Primary Academy holds training on common medical conditions regularly; this is delivered by the Medical Needs Team or other relevant healthcare professionals. A log of staff training is kept and reviewed every twelve months to ensure new staff receive training.

Regular staff training is provided to support the administration of emergency medications such as Epi-pens. The school keeps a register of staff who have undertaken relevant training.

Northfield Manor Academy has several appointed trained first aiders, paediatric first aiders, as well as two first aiders at work. Training is reviewed regularly and updated every three years. In addition, members of staff in school are trained to administer auto-injectors, asthma inhalers and are trained in what to do if a child has an epileptic seizure.

Parents/carers are requested to provide any relevant medical information on return of permission slips for After School Clubs so adults in charge of these are aware. Paediatric training refreshers are due in June 2021 and School Aged First aid is booked for September 2021.

GUIDELINES FOR THE FIRST AID TREATMENT OF INJURIES TO PUPILS

First aid and accident record book

The following points regarding treatment of children will be noted by all staff and the recommendations adhered to:

1. Children requiring first aid treatment must be looked after and treated appropriately (see guidelines below) by a class teacher, teaching assistant or dinner supervisor initially and sent to a named first aider (see below) if further treatment is necessary.
2. All injuries, must be recorded on an accident/injury form (kept in medical cupboard in the reprographics room);
 - a. Copies should be given to the teacher if the child is in KS1 who must give these to the parent/carer at the end of the day.
 - b. Copies should be given to the child in KS2, but the teacher must be informed.
 - c. Bumped heads require an additional letter to be completed, stating the date, child's name and class, time of accident and person administering first aid. A copy of this letter should be given to the Assistant Head in charge of Medical needs and the original letter should be given to the parent/carer who should then sign, date and return the slip to acknowledge receipt. This form is then kept in a locked file and logged on the accident record form in the First Aid electronic folder. School cannot be held responsible if the parent/carer does not return the acknowledgment receipt.

Records held in the first aid logs and accident book will be retained by the school for a minimum of 3 years, in accordance with regulation 25 of the Social Security (Claims and Payments) Regulations 1979, and then securely disposed of.

3. All classes have a First Aid Kit (Bum-Bag) for use by teachers and TAs/HLTAs, which should be taken outside at Playtimes and Lunchtimes in order to administer minor First Aid immediately.
NB If a child is seen by a First Aider, returns to class - but deteriorates, you must contact a senior member of staff.

TAs/HLTAs and dinner supervisors can re-stock bags from the medical cupboard in the Office
4. All cuts and grazes must first be cleaned with a medi-wipe or cotton wool and water.
5. A plaster must be given to keep a wound clean or when the cut fails to stop bleeding, but in such circumstances it may be better to cover the wound with melolin and micropore tape. For deep cuts a bandage with a sterile pad attached, should be put over the wound and at **NO TIME** should antiseptic cream be put on the wound.
6. If a child has a bump on the head a cold compress or ice pack must be applied. The class teacher must be informed, the child monitored and as well as an accident/injury form/letter completed which **MUST BE** sent home at the end of the day, the child should also be given a sticker to wear. In circumstances where the first

aider feels that the child needs to be seen by a medical professional in a non-emergency situation, school will make contact with parents/carers.

7. Whenever a child has a nosebleed or an injury, which is bleeding, or bodily fluids need to be cleaned, then **plastic gloves MUST be worn before dealing with the child. In the case of a nosebleed** sit the child down, ask them to tilt their head slightly forward and pinch the bridge of their nose. If it doesn't stop within 10 minutes or the child is distressed move the child to the Office where the Office staff will take over.
8. If a child is suffering from sickness or diarrhoea he/she must go home and must not return to school for 48 hours. eg: If a child is sent home before the end of the day on a Monday they cannot return until the Wednesday. Whoever collects the child must be informed when the child can return to school.
9. If a child is sick, please use the cleaning materials provided, kept in green box in each year group
10. If a child has an injury where he/she falls awkwardly, the child **MUST NOT** be moved, and a First Aider must be sent for immediately. **NB Use a RED HAND- to send a sensible child to get assistance.**
11. The First Aider who deals with an injury **FIRST** will decide whether or not the child needs to go to hospital or home. The Head Teacher, Deputy Head or a senior member of staff on duty must be consulted if this decision is taken. In all cases of serious injuries, the parent must be contacted. If the injury is serious, then an ambulance must be sent for and the school office should make the call. This will allow the office to co-ordinate the best entrance for the ambulance and open gates where necessary and also contact the child's parents/carer.

NB If an ambulance is needed dial 9 for an outside line and then 999

Staff **MUST NOT** take an injured child to hospital in their own vehicle.

A member of staff should accompany a child to hospital in the ambulance, if the parent cannot be contacted.

12. Relevant, up-to-date information re. First Aid is kept and displayed in the medical cupboard in the reprographics room. A list of First Aiders is displayed around the school to keep staff informed.
13. When sports teams play matches away from school, the teacher in charge must take a portable first aid kit with them.
14. First Aid kits (bum-bags) must be taken on **ALL** day school visits. The school minibus has its own First Aid Kit. The emergency inhaler and an EpiPen should also be taken on trips.
15. Children **ARE NOT** allowed to have medicine in school, unless prior arrangements have been made by parents/carers. In such cases medicines will be kept in the office and the appropriate forms completed by parent/carer. (see Medical Needs Policy). Staff must not administer medicine to pupils unless the child is not able to administer it themselves (usually due to the child's age). However, children suffering from asthma for whom inhalers are prescribed should have them with them at all times.
16. Any significant injuries to children or staff for any reason or may warrant a visit to external health services should be logged and recorded on an incident form which will be held by the school business manager.

Monitoring and Evaluation

Whole school staff training was delivered in Spring term 2022 for Anaphylaxis, Epilepsy and Asthma and a refresher should be undertaken annually. Full medical training should be delivered by the school nurse team every three years.

Medical box checklist to be completed by staff at the end of each half term to ensure medication is in school and in date.

St Johns Ambulance –2/9/21- valid for three years	Paediatric first aid June 2021 - valid for three years
Tracey Gretton Carole Wilde Helen Whitaker Jason Keley Shalika Ambersley Matthew Brace Ryan Brown Anna Painter Donna McCarty Natalie Burley Mel Duffy Sarah Eggleton Jodie Preston	Phoebe Nicholls Lucy Shaw Juwairiah Shafiq

Monitoring and Evaluation

This Policy will be reviewed annually.

Appendix 1- Asthma (please see Department of Health ‘Guidance on the use of emergency salbutamol inhalers in schools’, September 2014)

Whilst recognising that asthma is a widespread, potentially serious (but controllable) condition Northfield Manor encourages pupils with asthma to achieve their potential in all aspects of school life.

Parents/carers have a duty to inform school staff if their child is asthmatic. Inhalers must be provided and labelled with the pupil’s class and name. The inhalers are kept in the class Medical Box. It is the parent’s duty and responsibility to check that inhalers are working, within the expiry date and have not run out.

Inhalers accompany children whenever they move around the school site and on off-site visits.

Children with asthma must have immediate access to an inhaler when they need it and know where it is kept. A spacer device may be required and the pupil may need support to use this.

A record card is used to record the frequency of use of an inhaler and can be found in each class medical folder. This should be completed for all pupils when the inhaler is used.

Parents/carers should be notified when a child has used an inhaler excessively or more regularly than normal.

Leaders of after school clubs are notified of pupils having asthma and inhalers are sent to all after school clubs.

The school has an emergency asthma kit situated in the KS2 medical cupboard, which is available for off site visits. The emergency kit may only be used by pupils who have been diagnosed with asthma and whose parents/carers have given consent. If parents/carers do not give consent for the use of the emergency kit they are asked to sign to say they take responsibility for their child's health. The emergency kit would only be used in a circumstance when a pupil's inhaler malfunctions or has run out and they do not have an additional inhaler available in school. Parents/carers must give consent for their child to use the emergency asthma kit, once the kit has been used it is discarded and it is the parents/carers' responsibility to replace it with a free one from their GP.

Appendix 2- Head Injuries

Pupils who sustain a head injury and there is a concern must be reviewed by a trained first aider in school. If a pupil has a visible wound, swelling or adverse reaction parents/carers may be informed and are welcome to come into school to assess their child personally. Where there are no residual effects the pupil may remain in school whilst being observed. A medical slip is completed and sent home.

Appendix 3- Epilepsy, Anaphylaxis and Diabetes

Parents/carers have the duty and responsibility to notify the school if their child has any of these conditions and should provide details of any treatment and support they may require in school. Relevant healthcare professionals will liaise between parents/carers/guardians and school personnel to ensure staff are aware of, and trained to provide, and relevant or emergency support or treatment. An individual healthcare plan will usually be compiled, detailing the course of action to be taken.

Appendix 4

Medical Needs - Proposed Procedures:

When a child is offered a place - parents/carers must complete the pupil medical form

If a child has medical needs – parents/carers will need to complete appropriate forms – this may lead to the organisation of appropriate training of staff or referral to school nurse

Forms copied to school file, central medical records up-dated and copied to register, class medical folder and other appropriate staff informed such as Teachers, SENCO, Senior Learning Mentor, Lunchtime Dinner Supervisors, Kitchen Staff and Peripatetic Staff.

If necessary, Mrs Taylor or Mrs Painter is asked to contact previous school for further details e.g. copy of Alert Card, health care plan, SEN information especially ref. healthcare professionals involved – making Class Teacher aware of the details.

Long term medication procedures

The SENCO (or other member of staff if unavailable) will liaise with parents/carers, refer to school nurse, who may write or up-date Alert Cards/Healthcare plans and appropriate forms signed.

Copies of Alert Cards/Healthcare plans are displayed in the staffroom, copied to school file, main medical folder in office, class medical folder, register and all appropriate staff informed.

Medications such as inhalers, eczema creams, EpiPen and allergy syrups are kept in each classroom medical box containing individual wallets and individual medical cards labelled and a record of any

medication administered. Ensuring that the child knows where his or her medicine is kept, and can access it immediately. Class medical boxes are also accessible to take around school and on trips etc.

Other controlled medications are kept in a lockable safe in the medical cupboard which is situated in the reprographics room with individual labelled containers and record of any medication administered in main medical folder kept in the medical cupboard.

The SENCO and school office will liaise with appropriate staff to arrange administering of medication, this information will be made clear to appropriate staff and a record kept of type of medicine, dosage, how and when it was administered in main medical folder in the medical cupboard and also who will be administering the medication e.g. TA etc.

A list of all children on medication will be kept centrally on computer system and kept up-to-date by the school office.

Short term medication procedures

Parents/carers will come to main office to request a form and provide the information and must sign to give permission for medication to be administered in school. This will be copied to main medical folder in office, class medical folder and alert on register.

If there is a concern the parents/carers/carers information will be passed onto to the SENCO who will liaise with appropriate staff to arrange administering of medication and any training organised. A record kept of type of medicine, dosage, how and when it was administered will be kept in main medical folder in office and also who will be administering the medication e.g. TA etc.

Updating of medical information

Class medical boxes will be checked by class TAs half termly for replacements needed, medication expiring and parents/carers contacted as necessary. Calls/texts to parents/carers are logged on individual medical records.

A member of the office team will ensure that medication in the office is checked half termly and will inform parents/carers if expired. Calls/texts to parents/carers are logged.

Lists and medical folders will be up-dated accordingly; Alert Cards/healthcare plans up-dated; and those of any pupils leaving or transferring schools including Y6 removed from the staffroom, medical folders and all information passed on to relevant schools with personal files.

At the end of the academic year the medical boxes will be passed on to new classes. Y6's box will be passed to Reception.

The SENCO or SEND assistant will order any stock that needs replacing.