

Supporting Pupils with Medical Conditions

"To live, love and learn, in a caring Christian community."

*This policy should be read in conjunction with our **Special Educational Needs & Disability Policy, Equality and Accessibility Plan and Policy (including Race Equality & Equal Opportunities) and Inclusion Policy***

St Joseph's Catholic Primary School is an inclusive community that welcomes and supports pupils with medical conditions. At St Joseph's, we understand that pupils can suffer from long term, short term, chronic and acute illnesses and we will provide for all pupils without exception or discrimination. This includes both physical and mental health conditions. St Joseph's provides all pupils with any medical condition the same opportunities as others at school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential.

Key roles and responsibilities

The Local Authority (LA) is responsible for:

1. Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
2. Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans (IHP) are effectively delivered.
3. Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a health need and who otherwise would not receive a suitable education.

The Board of Governors at St Joseph's is responsible for:

1. Ensuring arrangements are in place to support pupils with medical conditions.
2. Ensuring the policy is developed collaboratively across services, clearly identifies roles and responsibilities and is implemented effectively.
3. Ensuring that the 'Supporting Pupils with Medical Conditions' policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
4. Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
5. Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits / trips/ sporting activities, remain healthy and achieve their academic potential.
6. Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are signed off as competent to do so.
7. Ensuring written records are kept of, any and all, medicines administered to pupils.

8. Ensuring the policy sets out procedures in place for emergency situations.
9. Ensuring the level of insurance in place reflects the level of risk.
10. Handling complaints regarding this policy as outlined in the school's Complaints Policy.

The Headteacher is responsible for:

1. Ensuring the policy is developed effectively with partner agencies and then making staff aware of this policy.
2. Ensuring that this policy, along with appendix 1, is circulated to all parents in hard copy when they join the school and is highlighted on the school website.
3. The day-to-day implementation and management of the 'Supporting Pupils with Medical Conditions' policy and procedures of St Joseph's Catholic Primary School..
4. Liaising with healthcare professionals regarding the training required for staff.
5. Identifying staff who need to be aware of a child's medical condition.
6. Developing Individual Healthcare Plans (IHPs).
7. Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHPs in normal, contingency and emergency situations.
8. If necessary, facilitating the recruitment of staff for the purpose of delivering the promises made in this policy. Ensuring more than one staff member is identified, to cover holidays / absences and emergencies.
9. Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
10. Continuous two way liaison with school nurses and school in the case of any child who has or develops an identified medical condition.
11. Ensuring confidentiality and data protection
12. Assigning appropriate accommodation for medical treatment/ care.
13. The purchase of a defibrillator.
14. Voluntarily holding 'spare' salbutamol asthma inhalers for emergency use.

Staff members are responsible for:

1. Taking appropriate steps to support children with medical conditions and familiarising themselves with procedures which detail how to respond when they become aware that a pupil with a medical condition needs help. *A first-aid certificate is not sufficient.*
2. Knowing where controlled drugs are stored and where the key is held.
3. Taking account of the needs of pupils with medical conditions in lessons.
4. Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, with particular specialist training if they have agreed to undertake a medication responsibility.
5. Allowing inhalers, adrenalin pens and blood glucose testers to be held in an accessible location, following DfE guidance.

School nurses are responsible for:

1. Collaborating on developing an IHP in anticipation of a child with a medical condition starting school.
2. Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
3. Supporting staff to implement an IHP and then participate in regular reviews of the IHP. Giving advice and liaison on training needs.
4. Liaising locally with lead clinicians on appropriate support. Assisting the Headteacher in identifying training needs and providers of training.

Parents and carers are responsible for:

1. Keeping the school informed about any new medical condition or changes to their child/children's health.
2. Participating in the development and regular reviews of their child's IHP.
3. Completing a parental consent form to administer medicine or treatment before bringing medication into school.
4. Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
5. Carrying out actions assigned to them in the IHP with particular emphasis on, they or a nominated adult, being contactable at all times.

Pupils are responsible for:

1. Providing information on how their medical condition affects them.
2. Contributing to their IHP.
3. Complying with the IHP and self-managing their medication or health needs including carrying medicines or devices, if judged competent to do so by a healthcare professional and agreed by parents.

Individual Healthcare Plans (IHPs)

An IHP will be written for pupils with a medical condition that is long term and complex (appendix 2). It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP with emergency care settings. IHPs should be developed in the context of assessing and managing risks to the pupil's education, health and social wellbeing and to minimise disruption. IHPs should consider; the medical condition, its trigger, signs, symptoms and treatment. The pupil's resulting needs, including medication (its side -effects and storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues. IHPs will be reviewed annually or earlier if evidence is provided that a child's needs have changed.

Training of Staff

Newly appointed teachers, supply or agency staff and support staff will receive training on the 'Supporting Pupils with Medical Conditions' Policy as part of their induction. The clinical lead for each training area/session will be named on each IHP. No staff member may administer prescription medicines or undertake any healthcare procedures without undergoing training specific to the condition and signed off as competent. School will keep a record of medical conditions supported, training undertaken and a list of teachers qualified to undertake responsibilities under this policy.

1. The named member of school staff responsible for this medical conditions policy is **Ann Cassidy-Jones (Deputy Headteacher)**
2. The named member of school staff responsible for organising and monitoring staff training is **Nicola Mc Manus (School Business Manager)**
3. The named member of staff responsible for the administering of medicines, first aid and its implementation is **Maria Dalzell (Welfare Officer) or class TAs.**

Medicines

1. Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours. Only

if medicines should be given 4 or more times per day, will they be administered during school hours.

2. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form.

3. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.

4. Where a pupil is prescribed medication by a healthcare professional without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.

5. No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.

6. Medicines **MUST** be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

7. A maximum of **four** weeks' supply of the medication may be provided to the school at one time.

8. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise 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.

9. Medications will be stored in the Medical room in a locked cupboard.

10. Any medications left over at the end of the course will be returned to the child's parents.

11. Written records will be kept of any medication administered to children.

12. Pupils will never be prevented from accessing their medication.

13. Staff will not force a pupil if the pupil refuses to comply with their health procedure, and the resulting actions will be clearly written into the IHP which will include informing parents.

School Trips

Unambiguous arrangements should be made and be flexible enough to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.

To comply with best practice risk assessments should be undertaken, in line with Health and Safety guidance on school trips, in order to plan for including pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day IHP requirements for the school day.

Emergencies

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 a parent is unable to get to school, a member of staff will accompany a child taken to hospital by ambulance, and will stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Unacceptable Practice

Each case will be judged individually but in general the following is not considered acceptable:

- Preventing children from accessing their medication.
- Assuming every child with the same condition requires the same treatment.
- Ignoring the views of the child or their parents / carers; ignore medical advice
- Preventing children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan.
- Penalising children for their attendance record where this is related to a medical condition.
- Preventing children from eating, drinking or taking toilet breaks where this is part of effective management of their condition.
- Requiring parents to administer medicine where this interrupts their working day.
- Requiring parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

Complaints

All complaints should be raised with the school in the first instance.

The details of how to make a formal complaint can be found in the School Complaints policy.

APPENDIX 1

Medicines in School- Information for Parents

For Health and Safety reasons please ensure that you do not send your Child to school with any medication for them to self administer.

Please remember when the weather is hot and sunny to ensure that your child has had sun cream applied and a sun hat provided for their protection.

We cannot give any paracetamol or aspirin based products i.e. Calpol as this could be masking any underlying problems such as meningitis.

First aid accidents are treated with water and ice only, we do not use any creams as reactions might occur. If your child has had a minor accident in school and we feel it necessary we will complete an Accident form just to make parents aware and if the child has banged their head a bumpy head sticker, anything more serious and we will contact the parent.

If your child requires any other medication during the day you are always welcome to come to the school and administer this yourself.

Prescribed medicine of 3 doses per day can be administered before school, after school and bedtime and should not be sent into school.

Prescribed medicine of 4 or more doses per day (antibiotics) – 1 dose can be given at lunch time by the appointed person with first aid training. The medicine should be provided in the original dispensed packaging with the child's name on the bottle, in a named plastic bag with a spoon. A form needs to be completed in the office giving permission and for the necessary dose. Medicine will be given at around midday.

Parents need to ensure that their children's medication is within date, we are not allowed to administer out of date medicines.

Children with allergies requiring an Epipen should provide 2 pens if possible in a plastic named container and complete necessary forms and a Care Plan. All Epipens must be in original dispensed container with the child's name clearly shown and be within date. **We cannot administer out of date pens.**

Recommendations for inhaler users depend on the age of the child. Children in the **Juniors** should keep their inhalers with them (a spare inhaler can be kept in school if required in a named plastic box); children in Reception **and the Infants** will have their medication kept in the medicine cupboard and will be supervised when they need to take it. A Care Plan and permission form need to be completed to give consent, please speak to the office about this.

Parents of younger children need to provide the inhalers in a named plastic container with a lid, ensuring that the medicine is within date. At the end of each term all medicines are sent home in order to be replenished when required.

Children can bring in Vaseline for dry lips, please make sure that this has the child's name on and that they do not share this with other children for hygiene reasons. You must complete a Care plan and permission to carry form.

Parents need to ensure that their children's medication is within date, we are not allowed to administer out of date medicines.

How long should your child be kept away from school

Diarrhoea/vomiting	48 hours form last episode of diarrhoea or vomiting
Thread worms	No exclusion necessary, treatment is recommended for the child and all household members.
Whooping Cough	5 days from commencement of antibiotics
Chicken Pox	5 days from onset of rash.
Scarlet Fever	24 hrs after commencing antibiotics.
Slapped Cheek	No exclusion.
Shingles	Keep off if rash is weeping and cannot be covered.
Warts and verrucas	Must be covered during swimming lessons during indoor PE and when changing.
Mumps	5 days from onset of swollen glands.
Conjunctivitis	No exclusion
Covid -19	Follow Govt guidelines

Skin Rashes

Measles	5 days from onset of rash. (pregnant women should be aware).
Impetigo	Until lesions are crusted or healed. Antibiotics by mouth may speed up the healing and reduce infectious period.
Chicken Pox	5 days from onset of rash.
German Measles	5 days from onset of rash.
Ringworm	Until treatment has commenced.
Shingles	Keep off if rash is weeping and cannot be covered
Slapped Cheek	No exclusion (can occasionally affect an unborn child if exposed before 20 weeks).

Head Lice

A head lice letter is sent home with children; if we have been informed that child/children in either the class or in several classes has head lice. This is to ensure that parents check their child/children's hair to reduce the spread of lice.

Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated again only if live lice have been found. Regular detection (combing) should be carried out by parents.

If you find that your child has lice, please treat your child and advise the office.

THREAD WORMS

What you and your family can do to help get rid of threadworms

Worms are harmless

Thread worms are minute parasites which live inside the bowel for a short time. They are harmless. At worst, they can cause mild irritation and parents may feel

unnecessarily embarrassed. They are generally associated with young children, but anyone can catch them.

Where do threadworms come from and why can they come back?

Thread worms are passed from person to person by the eggs that they lay. When the female threadworm deposits her eggs around the back passage itching may occur. Children scratching, because of the itching, can get tiny eggs under their finger nails. Eggs are passed from fingertips to the mouth and swallowed, and the worms can come back. Eggs can easily get on to food, carpets, door handles, bed linen, towels and into house dust this can be passed on to other members of the family.

Worms-myth and facts

Threadworms do not come from pets, they are human parasites only. Even the cleanest household can catch threadworms, because their microscopic eggs are easily carried on clothes and bed linen, on skin, under fingernails and on food.

Anyone of any age, however scrupulous their personal hygiene, can get worms, because worms **are very contagious.**

Follow the following hygiene code

TO HELP RID THE FAMILY OF THREADWORMS (a home hygiene guide)

Rules for the family

1. Obtain medication from your local pharmacy without prescription.
2. Fingers and nails must be washed and scrubbed with a nail brush after each toilet visit and before each meal.
3. Disinfect toilet seat, toilet flush button and door handle.
4. Vacuum clean bedrooms daily, damp-dust all surfaces and try not to raise dust.

Rules for the affected child

1. Keep nails cut short
2. Wear pyjamas or pants in bed
3. Bath the child each morning, remembering to wash the child's bottom thoroughly.
4. Have a towel for sole use.
5. Change and wash clothes and bedclothes regularly.