Our Lady of the Assumption Catholic Primary School

Policy for Supporting Children with Medical Conditions

Adopted by Full Governing Body : 28th March 2018

Signed Chair of Governors A Kiely .

To be reviewed : April 2020, or dependant on any legislative changes

Safeguarding Statement:
'Our Lady of the Assumption Catholic Primary School is committed to safeguarding and promoting the safety and welfare of all children and expects all staff, parents and volunteers to share this commitment.'

Our Vision
As a Catholic school that puts Christ at the centre, we are committed to encouraging everyone to 'Be the Best They Can Be'

Values and Ethos
We believe that everyone is made in the image and likeness of God and we value the equality of all, reject discrimination of any kind, and welcome the diversity of different cultures.

This policy is in accordance with the document *'Supporting pupils at school with medical conditions - Statutory guidance for governing bodies of maintained schools in England* – December 2015'

Children and Families Act 2014

1 Section 10 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting children at their school with medical conditions. In meeting that duty they must have regard to the statutory guidance issued by the Secretary of State

2 Governors and staff at Our Lady of the Assumption School will ensure that children with medical conditions are well supported.

2.1 Mrs Connelly is the named person with responsibility for supporting these children and for ensuring that sufficient staff are suitably trained. All teaching and support staff have received training in the treatment of Asthma/ Anaphylaxis/Epi Pen Training/ Epilepsy/General Diabetes awareness.

Key Personnel	
Headteacher	Mrs Connelly
First Aiders	Geraldine Lucas Elizabeth Kelleher Rebecca Wray Dawn Lucas
Staff with specific training to administer medication to a diabetic child	Carolann Sloan Lorraine Stanton Geraldine Lucas Catherine Nailor

2.2 We have a commitment that all relevant staff will be made aware of the child's condition,

2.3 We provide cover arrangements in case of staff absence or staff turnover to ensure someone is always available,

2.4 We brief supply teachers on any medical conditions.

2.5 We undertake risk assessments for school visits, trips, and other school activities outside of the normal timetable.

2.6 We monitor individual healthcare plans in liaison with the health practitioners

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3. Procedure to be followed when notification is received that a pupil has a medical condition

3 Procedures to be followed when Our Lady's is notified that a pupil has a medical condition

3.1 We will liaise with a new setting / school when we know of a child coming to or going from Our Lady's and ensure arrangements are in place 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, we will make every effort to ensure that arrangements are put in place within two weeks.

3.2 We will not wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents.

4 Individual healthcare plans

4.1 Some children need Healthcare Plans which can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex.

However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate.

The format of individual healthcare plans may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

.4.2 Healthcare plans, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. (See Appendix A – flow chart of process in developing healthcare plans)
Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, eg school, specialist or school nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

4.3 Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Where the child has a special educational need the individual healthcare plan should be linked to or become part of that EHC plan.

.4.4 Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

4.5 The information recorded on an individual healthcare plan will include the pupil's details, any emergency contact details and in addition, will include the following :

A. the medical condition, its triggers, signs, symptoms and treatments;

B. the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition.

C. the level of support needed, including what to do in an emergency.

D. who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;

4.6 Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

5. Educational Visits:

5. A class set of contact forms / disclaimers and mobile telephone numbers should be taken on trips out of school.

5.1 Teachers must check that pupils who have asthma take their inhalers

5.2 All other medication including epi-pens must be taken out of school by the classteacher.

5.3 Teachers must take a first aid kit.

5.4 The Headteacher, as Educational Visit Co-ordinator, has responsibility for ensuring staff have adhered to the schools Educational Visits procedures when organising a visit. This called an EDVIS1 – see Appendix B.

5.5 A risk assessment will need to be carried out as part of an educational trip. Particular attention needs to be paid to:

Outdoor educational visits

Hazardous activities

Swimming pool lessons. Swimming instruction is provided by qualified swimming instructors.

5.6 All Educational visits are entered onto the EVOLVE system by the admin office. This includes details of the trip and the risk assessment. These details are then authorised by the Headteacher.

6. Administration of Medicines

6. Our admin staff administer medicine that has been prescribed by the doctor. Before any of these medications are given to a child, the appropriate 'administration of medicines' form (see Appendix C) must be completed by parents. These are stored in the school office. When a parent signs a medication consent form, if the pupils is in KS1 they will be given a label that reads;

I NEED MY MEDICATION AT .....

with the time inserted

6.1 If any medications (such as inhalers for asthma) are brought into school it is a parent's responsibility to ensure that they complete the administration of medicines form and that they understand that their child (age appropriate) will take responsibility for knowing when they need their

inhaler. (All inhalers and spacers are stored in the classrooms.) It is the responsibility of parents to ensure that inhalers are checked and remain within the 'use by' date.

6.2 If a parent would like non- prescribed medication to be administered within the school day, then a parent administers the medication themselves.

6.3 Staff who take on the responsibility of administering medication in school should ensure that the medicine is stored as labelled. The medicine can be stored in the refrigerator in the school office if necessary.

6.4 School will keep a record of all medicines administered to individual children, stating what, how and how much was administrated, when and by whom – this is on the bottom of the parental consent form. Any side effects of the medication administered in school should be noted on the same form.

School has access to a defibrillator and Mrs Connelly, Mrs Stanton and Mrs Geraldine Lucas have been trained. Mrs Kelleher and Mrs Dawn Lucas also received training on using a defibrillator as part of their First Aid At Work certification.

School has an emergency asthma inhaler

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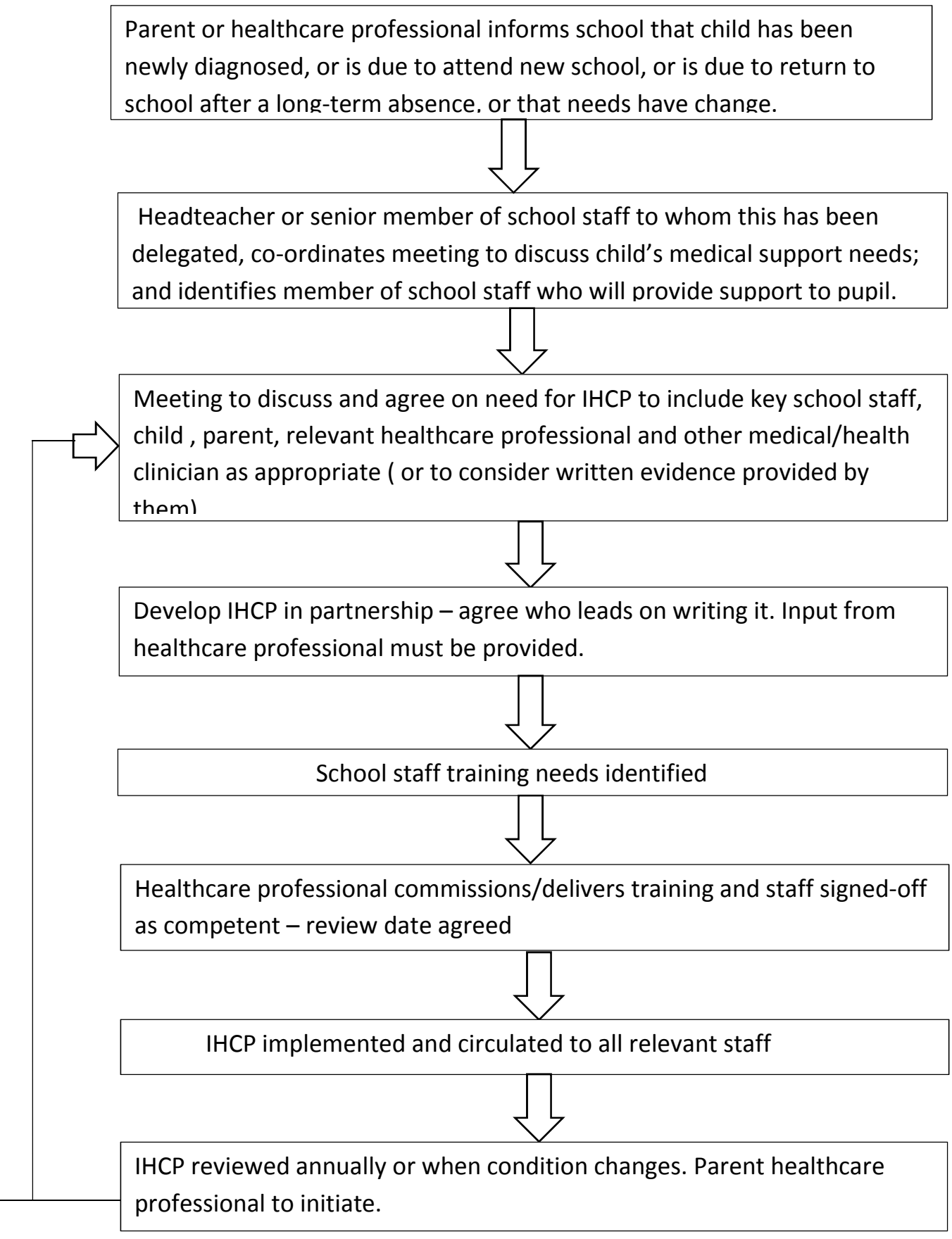
Appendix A: Model process for developing individual healthcare plans



REQUEST FOR MEDICINE TO BE ADMINSTERED IN SCHOOL

The doctor has advised that it is necessary for my child ……

Year ……

to receive medication **during school hours** for the following …… days

Name of Medicine

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Dosage ……at the following time ……

Any side effects expected? ……

I understand that the Head teacher and Staff of the school cannot be held responsible for any problems which may arise from the administration of medicine when given in accordance with these instructions.

Signed:…… Date: ……

Emergency Contact Number : ……

MEDICATION GIVEN

DATE	TIME	BY WHOM

End