



GROWING TOGETHER • POSITIVE ATTITUDE • SUCCESS IN ALL WE DO

**Medical Policy**

Date agreed by Governors:	11 <sup>th</sup> February 2021
Date of next Review:	September 2021
Approved by Chair of Governors	Yvette Bell

### **Rationale**

Section 100 of the Children & Families Act places a duty on Gunthorpe Primary School to make arrangements for supporting children with medical conditions, and in doing so must have regard for the Department for Education's Supporting Childs at School with Medical Conditions (DfE, 2014) statutory guidance: this policy outlines Gunthorpe Primary School's approach to meeting the requirements of this guidance.

### **Key Principles**

There are four key principles underpinning our policy, in line with the DfE guidance:

1. Children with medical conditions should be effectively supported so that they can have full access to education, including school trips and physical education
2. Our focus is on each child as an individual, and how their medical needs and unique situation affect their access, participation and enjoyment of school life
3. Arrangements must be in place in school to support children with medical conditions, including the appropriate use of risk assessments and the development and implementation of healthcare plans
4. Meeting the needs of children with medical conditions can only be done to the highest standards when the child him/herself, the parent/carer and the relevant health and social care practitioners are fully included in supporting children with medical needs.

### **Procedures for Managing Medicines**

Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so. No child is given prescription or non-prescription medicines without their parent's written consent, or given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, is never administered without first checking maximum dosages and when the previous dose was taken.

The following procedures are also followed:

- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- we only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage
- all medicines are stored safely. Children know where their medicines are at all times and are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away and are accessible on school trips.
- when no longer required, medicines are returned to the parent/carer to arrange for safe disposal. Sharps boxes are used for the disposal of needles and other sharps.
- an 'administering medication' consent form needs to be completed at the school office when bringing any medicine in that needs to be administered during school time.

### **Emergency Procedures**

Where a child has an individual healthcare plan, this defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff stay with the child until the parent/carer arrives, or accompanies a child taken to hospital by ambulance.

### **Support for children with allergies and medical conditions**

For any child who has a food allergy and or medical need the following procedures must be applied. Office staff receiving the information have a responsibility to ensure all the respective staff are made aware of the allergy or medical need immediately. These include;

- The class teacher must have information about the child's allergy/medical needs communicated verbally by Reception staff to ensure there is no miscommunication and the class teacher is fully aware and given full details of the allergy and an Epi-Pen or inhaler will be kept in the classroom.
- The midday supervisors must be given a copy of the details of the allergy/medical need as provided.
- 

In case of emergencies, three spare asthma inhalers and spacers are obtained from a local Pharmacist (at the Headteacher's request) and these are respectively stored in KS1 and KS2 first aid areas and the School Office. Two spare Jext pens are also obtained and stored in the School Office.

### **Individual healthcare plans**

Children with medical needs attending the school have an individual healthcare plan where this is required, providing clarity about what needs to be done, when and by whom. The parent/carer, school and appropriate healthcare professional agree, based on evidence, when a healthcare plan is inappropriate or disproportionate; and the Head Teacher takes the final decision when consensus cannot be reached. Decisions to not make a healthcare plan are recorded appropriately on the child's file. Where there is a serious medical condition a copy of the plan is also put into the staffroom with a picture of the child so that all staff is aware of the policy and procedure to be followed for each individual child.

Following current UK GDPR guidelines, parental consent will be obtained to store and display medical information including displaying the child's photograph as required.

### **Alert Cards**

Alert cards are created for children with medical needs such as allergies and physical conditions. These are kept in the children's classroom so that all staff can see at a glance what condition the child has and how to treat it quickly and effectively. These should be in a visible place in every classroom and come in the form of an A5 card.

### **Asthma Awareness Plan**

All children with asthma at the school will have their own asthma awareness plan that is kept in the child's file and in the school staff room so that all staff are aware. This outlines what inhaler has been prescribed and outlines the dose as prescribed by the child's GP. These are updated when details of medication or dose are changed by the GP. All staff can identify who is asthmatic in a class by using the schools Scholarpack system.

### **Training**

Training to support the school in meeting the needs of children with medical conditions is provided on a regular basis, and from a range of practitioners (e.g. the administration of Epi-pens). This includes whole school awareness training, induction training for new members of staff and training for individually identified members of staff. On the basis of the need identified and the implications for school staff, we work to:

1. Identify who the key people in school who require training/support are
2. Ascertain what their training needs are and who can provide the training
3. Ensure that the right staff access this training as swiftly as possible, and that it is implemented appropriately
4. Regularly review whether the child or staff training needs have changed, and act to address this.

All staff have had training on the use of epi pens and asthma awareness this is repeated annually. Key members of staff in school have also had defibrillator training which was delivered by a qualified trainer. There are also a number of adults in school with First Aid training which is reviewed and updated regularly.

### **Links to achievement and social and emotional wellbeing**

There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may become anxious or depressed. Long-term absences due to health problems may affect child's attainment, impact on their ability to sustain friendships and affect their wellbeing and emotional health. We work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional well-being is minimised.

### **Extra-curricular activities**

We are fully committed to actively supporting children with medical needs to participate in the full life of the school (including trips and visits) and to not prevent them from doing so. Healthcare plans endeavour to make teachers aware of how a child's medical condition will impact on their participation, but there is flexibility for all children to participate according to their own abilities and with reasonable adjustments. Risk assessments are carried out so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This includes consultation with the child him or herself, the parents/carer and any relevant external agency involved in the care of the child.

**Complaints**

Should children or parents/carers be dissatisfied with the support provided, they should discuss their concerns directly with the class teacher. If for whatever reason this does not resolve the issue, they should discuss their outstanding concerns with the SENCo. Hopefully, the outcome of this will be satisfactory; however, if parents/carers remain concerned they may make a formal complaint to the Headteacher.

## Appendix 1

Guidance on infection control in schools and other childcare settings

## 2. Rashes and skin infections

Children with rashes should be considered infectious and assessed by their doctor.

Infection or complaint	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended
Chickenpox	Until all vesicles have crusted over	See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Four days from onset of rash (as per " <a href="#">Green Book</a> ")	Preventable by immunisation (MMR x2 doses). See: <i>Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPT if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x2). See: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after starting appropriate antibiotic treatment	Antibiotic treatment is recommended for the affected child