

Woodnewton's Medical Needs Policy

Philosophy

At Woodnewton, the development of all children's social, moral, spiritual and cultural growth is paramount. We believe that the most important function of the school is to maintain an environment in which every member of the school is able to achieve success and self-fulfilment. There must be a total consistency of expectation that everyone (irrespective of gender, race or culture) should feel safe and secure, have empathy for all others, and place a high value upon individual achievement and personal development.

Aim

The ultimate aim of this policy is to provide the safeguarding of children and ensure equity and inclusion for all and to ensure all their medical needs are met in a sensitive and safe way.

Introduction

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Woodnewton wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities. This includes children with physical needs or a physical disability.

Roles and Responsibility

- **The role of the Headteacher and Governing Body**

The ultimate responsibility for the management of this policy lies with the Headteacher and Governing Body. The Headteacher will manage the policy on a day –to –day basis and ensure all procedures and protocols are maintained.

The SEND team will work with the administration team to ensure accurate and up to date records are kept for children with medical needs.

- **The Role of Staff 'Duty of Care'**

Anyone caring for children, including teachers and other school staff have a common law duty of care to act like any reasonable prudent parent. This duty extends to staff leading activities taking place off site, such as visits, outings, field trips, or residentials, and may extend to taking action in an emergency.



Teachers and child care practitioners who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff (teaching and non-teaching) should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading individual health plans devised for individual children.

- **The role of Parent/Carers**

Parents/Carers have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed. If their child has a more complex medical condition, they should work with the school/other health professionals to develop an individual healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies.

It is the Parent/Carers responsibility to make sure that their child is well enough to attend school.

Identification

Upon entry to school, Parent/Carers will be asked to complete admission forms requesting medical information together with parental emergency contact numbers. We request that parents keep us up to date with any changes in medical information and emergency contact numbers. We also annually send out data sheets for Parents/Carers to check, amend and sign to ensure all our records are up to date and relevant.

Individual Health Care Plans (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, Parents/Carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of Parents/Carers or the school, or as required.

An IHCP will include:

- Details of the child's condition.
- What constitutes an emergency.
- What action to take in an emergency.
- What not to do in the event of an emergency.
- Who to contact in an emergency.
- The role the staff can play.
- Special requirements e.g. dietary needs, pre-activity precautions.
- Any side effects of medicines.



A copy will be given to Parents/Carers and a copy will be retained in the child's individual file. The general medical information given to all staff will indicate that the child has an IHCP.

Communicating Needs

A medical file containing class/childcare lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff (including Lunchtime Supervisors) in the office and in teacher's supply cover folders in the child's classroom.

Individual Health Care Plans for children are kept in the children's classroom and a copy is kept in the office.

Intimate Care Policy

This policy has been developed to safeguard children and staff. This policy applies to everyone involved in the intimate care of children in school and also on school trips.

The purpose of this policy is:

To safeguard the rights and promote the best interest of the child and staff members.

To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one and that the child feels comfortable with the staff member carrying out the task.

To raise awareness and provide a clear procedure for all staff carrying out intimate care on a child, and to inform parents on how the intimate care is administered.

Children who regularly require intimate care will have an intimate care plan in place that will be created in partnership with parents and the school.

Definition

Intimate care may be defined in many ways and can include:

The supervision of a child involved in their own intimate self-care.

Supporting a child with dressing/undressing.

Assisting a pupil with toileting needs.

Administering or supervising medication that is not administered orally.



Hygiene

All staff will be familiar with precautions and how to avoid cross infection.

PROTECTION OF STAFF AND THE SAFEGUARING OF CHILDREN

Any staff member carrying out intimate care on a child during school hours, school trips and Breakfast and Tea Time Club need to be sensitive to the needs of the child. It is important to bear in mind that some forms of assistance can be open to misinterpretation.

Following the guidelines of good practice and adhering to this policy at all times will safeguard both staff and children.

These should include:

Any medication that is not given orally and comes under the intimate care policy must be agreed and discussed with the Headteacher. If agreed, then a meeting with the Parent/Carer will be arranged to go through the details and complete the appropriate paperwork and consent forms. Training for staff may also be required.

Two members of staff must always be present whilst administering or assisting a child with intimate care needs.

Privacy and respect should be considered at all points in the process and if possible, allow the child to give verbal consent to the staff members assisting them.

Check that Parental/Carer consent is in place to enable staff to carry out the intimate care procedure and that this is detailed on a care plan or provision plan for the child.

All procedures must be written up in the medical log book and Parent/Carer of the child must be informed of the procedure that was carried out on the child.

Self Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines. Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent.

Children develop at different rates and so the ability to take responsibility for their own



medicines varies. This should be considered when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage.

Health professionals need to assess, with parents and children, the appropriate time to make this transition. If a child can take their medicines themselves, staff may only need to supervise. A child may administer (where appropriate) but not carry their own medicines, with the exception of inhalers, bearing in mind the safety of other children and young people and medical advice from the school nursing team.

First Aid

We have a number of school staff who are trained ‘First-Aiders’ and in the event of illness or accident will provide appropriate first aid. In the event of a more serious accident, we will contact the Parent/Carer as soon as possible. If hospital treatment is required and a Parent/Carer is not available, 2 members of staff will take the child to hospital and stay with the child until the Parent/Carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their Parent/Carer is unavailable.

We will inform Parent/Carers by the phone and using a standard letter if their child has had a bang to the head and received first aid attention.

Woodnewton’s Medical Strategy

Procedure	Injury
Inform SLT, phone call home, input on CPOMS.	1. Breaks, fractures, bumps.
	2. Anything that needs a doctor.
	3. Stings or a rash.
	4. Splinters
	5. Sickness – physically sick.
Record in First Aid book.	6. Everyday minor scrapes and bruises.

The Use of First Aid Cold and Hot Packs

All children that need First Aid for any injury and/or aches and pains will be assessed by the First Aider. If it is deemed that the child needs a cold/hot pack, the First Aider will check with the child where the pain is and establish if there is any obvious injury and/or mark prior to administering the cold/hot pack. Due to hygiene control all cold/hot packs are covered by tissue paper and never put directly on to the skin.



Accident reporting

Details of all accidents/incidents are recorded on CPOMs or on a First Aid form. (Please see the injuries column of the Medical Strategy above for the injuries that need to be uploaded onto CPOMS. Accidents of a serious nature are reported to the Headteacher/and or Senior Leadership Team.

Physical Activity

We recognise that most children with medical needs (including children with Asthma) can participate in physical activities and extra-curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

School Visits

When preparing risk assessments, staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a Parent/Carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment and visit planning process. A copy of the child's IHCP should be taken on trips and visits in the event of information being needed in an emergency.

Residential Visits

Parent/Carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the First Aider prior to the visit.

Administration of Medicines

The Headteacher will accept responsibility for members of school staff giving or supervising children taking **prescribed** and **non-prescribed** medication during the school day where those members of staff have volunteered to do so and have agreed to adhere to this policy.

Prescribed and non-prescribed medication must be provided in its original packaging clearly labelled with the child's name and class.

Medication will not be accepted without a completed medication authorisation form with clear instructions stating dose, frequency and any special instructions for the administration of the medication.

The Headteacher will consider in each case the nature of the medication to be



administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a child's needs the Headteacher should seek advice from the school nurse or doctor, the child's GP or other medical adviser.

Each item of prescribed and non-prescribed medication must be given directly to the First Aider or person authorised by the Headteacher. The school will not accept medication unless it is in its original packaging.

Staff who volunteer to assist in the administration of medication must receive appropriate training/guidance identified by the Headteacher in liaison with health professionals.

The Headteacher or representative will seek the advice of healthcare professionals on the type of training required for each authorised member of staff and what types of medication that training covers.

Unless otherwise indicated on the storage instructions, all medication to be administered will be kept in a safe place at the office or in a safe place in one of our SEND provisions.

The school member of staff administering the medication must record details of each occasion when medicine is administered to a child.

If children refuse to take medication, the staff should not force them to do so. The school should inform the child's Parent/Carer as a matter of urgency, and may need to call the emergency services.

Parent/Carers will be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/Carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the medication.

Anaphylaxis, Asthma, Diabetes, Eczema and Epilepsy

The school recognises that these are common conditions affecting many children and young people, and welcomes all children with these conditions.

The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

Anaphylaxis

Amendment to Anaphylaxis policy from 1st October 2017.

The Department of Health has made a regulation change which comes into effect on 1st October 2017, All schools are now able to purchase Adrenaline Auto-Injector (AAI) without prescription for use in emergencies to **children that have been prescribed with an AAI.**

Written parental consent is required (as with any medication being administered) to enable staff to administer the AAI should an emergency occur.

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be



identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack it is important to administer an adrenaline pen as soon as possible and then call 999 for an ambulance

How will staff know which children might need an adrenaline pen?

Photographs of all children needing an adrenalin pen can be found in both staff rooms, the office and the children's main classroom and all staff are made aware of each child's medical condition from the IHCP. At the start of each school year all members of staff are given a comprehensive report detailing each child's Medical Condition from the previous class teacher.

Children's Individual Health Care Plans are kept in classrooms, copies are also stored centrally in the Medical File in the office and in individual children's files.

How will staff know when and how to administer an adrenaline pen?

There will be annual training sessions for all staff.

Where are adrenaline pens stored?

Adrenaline pens are stored in the school office. The First Aider/Class Teacher is responsible for monitoring the expiry date of the adrenaline pen/and or other prescribed medication and advising Parents/Carers accordingly.

Asthma

Amendment to asthma policy from 1st October 2014, will allow schools to obtain a salbutamol inhaler, without prescription, for use in emergencies (if they wish) for any pupil with asthma or who has been prescribed an inhaler as a reliever for other medical conditions. The inhaler can be used if the child's inhaler is not available, empty or broken etc. Parental consent is required for this as with any medication being administered.

Inhalers and spacers will be thoroughly cleaned after use with the manikin wipes to stop any cross infection, guidance on this can be found in the Emergency Asthma Kit which is stored in Medical Room.

Asthma is common and appears to be increasing in children and young people. The most common symptoms of Asthma are coughing, wheezing, tight feelings in the chest or getting short of breath. There are two main types of inhalers to treat Asthma, Relievers (blue inhaler) should be taken to relieve Asthma Symptoms and also during an asthma attack, sometimes children will take their inhaler prior to play time and/or before exercise, whilst Preventers (various colours) are usually used out of school hours.

Children who are able to use their inhalers themselves are encouraged to have it with them at all times (with a spare inhaler kept in the office), if the child is too young or immature to take that responsibility, staff should make sure that it is stored safely and readily available at all times.



How will staff know when a child is having an Asthma Attack

Asthma is covered in our First Aid Training Courses.

Signs of an Asthma Attack

Coughing, short of breath, tight chest, and wheezing. When a child has an asthma attack they should be treated according to their IHCP. An ambulance should be called if symptoms do not improve within 5-10 minutes or if the child is too breathless to speak, becomes exhausted and looks blue.

Diabetes

We recognise that Diabetes is a very serious condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar levels become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school will have their own IHCP, written in partnership with the NHS diabetes team. Each child with diabetes will have an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack.

Eczema

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

Epilepsy Seizures

IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE

Stay calm

If the child is convulsing then put something soft under their head Protect the child from injury (remove harmful objects from nearby)

NEVER try and put anything in their mouth or between their teeth

Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance

When the child finishes their seizure stay with them and reassure them

Do not give them food or drink until they have fully recovered from the seizure

Head Lice

Any case of head lice should be reported to the school. Parent/Carers will be advised on an appropriate course of action as advised by the local health authority. Individual cases will not be identified, if there are concerns with regards to head lice, the information will be



shared as a whole class, year group or school.

Staff training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. Teaching and support staff are directed to attend epi pen training annually.

Confidentiality

Staff must always treat medical information confidentially. Agreement should be reached between Parent/Carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Other agencies

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

Monitoring and evaluation

Staff and governors, on a three yearly basis, will review this policy unless circumstances demand an earlier review

Review date: October 2023



Medical Needs Flow Chart

Flow chart to be followed if a parent/carer or health care professional come and tells school about a medical need.













