

Bromley Heath Infant School

POLICY AND PROCEDURES FOR SUPPORTING PUPILS AT SCHOOL WITH MEDICAL NEEDS

Including Asthma Policy

Author/Person Responsible	Abigail Perry-Hodge
Date of Ratification	October 2023
Review Group	Finance and Premises
Ratification Group	As above
Review Frequency	1 year
Chair of Curriculum Committee Signature Signed _____	

Medical Needs Policy Review

Review Date	October 2026	Signed	Signed copy in file
Review Date	October 2025	Signed	Signed copy in file
Review Date	October 2024	Signed	Signed copy in file
Review Date	October 2023	Signed	✓
Review Date	October 2022	Signed	✓
Review Date	May 2020	Signed	✓
Review Date	May 2019	Signed	✓
Review Date	March 2018	Signed	✓

Fully signed copies held in file

Equality Impact Assessment (EIA) Part 1: EIA Screening

Policies, Procedures or Practices:	Medical Needs	DATE:	July 21
EIA CARRIED OUT BY:	A Hodge	EIA APPROVED BY:	Finance

Groups that may be affected:

Are there concerns that the policy could have a different impact on any of the following groups? (please tick the relevant boxes)	Existing or potential adverse impact	Existing or potential for a positive impact
Age (young people, the elderly; issues surrounding protection and welfare, recruitment, training, pay, promotion)		NA
Disability (physical and mental disability, learning difficulties; issues surrounding access to buildings, curriculum and communication)		x
Gender reassignment		NA
Marriage and civil partnership		N A
Pregnancy and maternity		x
Race		N A
Religion and belief (practices of worship, religious or cultural observance, including non-belief)		N A
Gender identity		N A
Sexual orientation		N A

Any adverse impacts are explored in a Full Impact Assessment.

1 – STATEMENT

Bromley Heath Infant School will properly support pupils at school with medical conditions so that they have full access to education, including school trips and physical education. The school will also put in place procedures to deal with emergency medical needs.

This Policy will be regularly reviewed and updated by The Governors Finance and Premises Committee. The overall responsibility for the effective implementation of this policy is held by Mrs Abigail Perry -Hodge, Headteacher of Bromley Heath Infant School.

The school will work together with local authorities, health professionals and other support services to ensure that children with medical needs receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration will be given to how children will be reintegrated back into school after periods of absence.

No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a child at school at times where it would be detrimental to the health of that child or to others.

2 - PROCEDURES

The following procedures are to be followed when notification is received that a pupil has a medical condition

2.1 A parent or a health care professional informs the school that:

- a child has been newly diagnosed, or;
- is due to attend a new school, or;
- is due to return to school after a long-term absence or
- has medical needs that have changed.

2.2 The Headteacher (Mrs Abigail Perry-Hodge) co-ordinates a meeting to discuss the child's medical support needs, and identifies the member of school staff who will provide support to the pupil.

2.3 A meeting will be held to discuss and agree on the need for an Individual Healthcare Plan (IHCP). The meeting will include key school staff, child, parent, relevant healthcare professional and other medical/healthcare clinician as appropriate (or to consider written evidence provided by them).

2.4 An IHCP will be developed in partnership, and the meeting will determine who will take the lead on writing it. Input from a healthcare professional must be provided.

2.5 School staff training needs will be identified.

2.6 Healthcare professional commissions or delivers appropriate training and staff are signed off as competent. A review date for the training will be agreed.

2.7 The IHCP will then be implemented and circulated to all relevant staff.

2.8 The IHCP will be reviewed annually or when the medical condition changes. The parent or healthcare professional will initiate the review.

2.9 For children starting at a new school, arrangements should be in place in time 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, every effort will be made to ensure that arrangements are put in place within two weeks.

(IHP –templates saved on the school's I drive >medical needs)

3 – INDIVIDUAL HEALTHCARE PLANS

3.1 Not all pupils with medical needs will require an IHCP. The school together with the healthcare professional and parent will agree, based on evidence, whether a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will take the final view.

3.2 The format of the IHCP will depend on the child's condition and the degree of support needed. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their healthcare plan.

3.3 The following will be considered when deciding what information will be recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's needs including medication and other treatments;
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies;
- Who will provide this support, their training needs, expectation of their role and confirmation of proficiency, and cover arrangements for when absent;
- Who in school needs to be aware of the child's condition and required support;
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician.

4 – ROLES AND RESPONSIBILITIES

4.1 Governing body

- Must arrange to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

4.2 Headteachers

- Ensure that their school's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know are aware of the child's condition.

- Ensure sufficient number of trained staff are available to implement and deliver all required IHCPs.
- Have overall responsibility for the development of IHCPs, including contingency and emergency arrangements.
- Ensure that school staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensure the school nurse is aware of children with medical conditions.

4.3 School staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Should receive suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.4 School nurses

- Responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- Support staff to implement IHCPs, providing advice and training.
- Liaise with lead clinicians locally on support for child and associated staff training needs.

4.5 Healthcare professionals (GPs etc)

- Notify school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHCPs.

4.6 Pupils

- Full involvement in discussions about their medical support needs.
- Contribute to the development of, and comply with, IHCP.

4.7 Parents

- Provide the school with sufficient and up to date information about their child's medical needs.
- Contribute to the development of the IHCP.
- Carry out any action they have agreed to as part of the IHCP implementation.

4.8 Local Authority

- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Where a pupil would not receive a suitable education in a mainstream school because of their health needs, to make other arrangements.

5. STAFF TRAINING AND SUPPORT

5.1 Any member of school staff providing support to a pupil with medical needs will receive suitable training.

5.2 The relevant healthcare professional will normally lead on identifying the type and level of training required. The training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

5.3 School staff will not give prescription medicines or undertake healthcare procedures without appropriate training.

5.4 All school staff will be made aware of the school's policy for supporting pupils with medical conditions, and their role in implementing that policy.

6. CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

6.1 Where a child is deemed competent to manage their own health needs and medicines, this should be reflected in their IHCP. Due to the age of the pupils at this school self-administration of medication is inappropriate. Any medication taken by pupils will be administered by an adult.

6.2 Children will know where their own medicines are stored and be able to access them easily, with an appropriate level of supervision.

7. MANAGING MEDICINES ON SCHOOL PREMISES

7.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

7.2 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent.

7.3 No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

7.4 Wherever possible prescribed medicines should be taken outside school hours.

7.5 The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist (except insulin which may be in a pen or pump) and include instructions for administration, dosage and storage.

7.6 All medicines will be safely stored in a location which is known and accessible to the child.

7.7 Where a child has been prescribed a controlled drug, they may legally have it in their possession if they are competent to do so, but passing it to another child is an offence and will be dealt with accordingly.

7.8 The school will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom. Where possible a witness will also verify.

7.9 When no longer required medicines will be returned to parents to arrange for safe disposal.

8. EMERGENCY PROCEDURES

8.1 Each IHCP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

8.2 If a child is taken to hospital, a member of school staff will stay with the child until the parent arrives.

8.3 All staff are aware of the emergency procedures regarding general health issues and is outlined in

Appendix 1.

9. USE OF EMERGENCY SALBUTAMOL INHALERS

9.1 From October 2014 schools have been allowed to keep salbutamol inhalers and spacers for use in emergencies. As a school, it has been decided that we will not keep spare salbutamol inhalers for use in emergency situations.

See Appendix 2 – BHIS Asthma Policy: Appendix 3 - Administration of Medication Consent Form, Appendix 4 – Request to Administer Inhaler, Appendix 5 – Individual Inhaler Record. (Saved in I:drive/Asthma/Inhaler Record-Individual Pupil.

10. DEFIBRILLATOR PROVISION

10.1 A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. The school ***does have*** a defibrillator which is kept in the school office; **however a Public Access defibrillator is currently situated outside the Bromley Tea Rooms on Quakers Road.**

11. DAY TRIPS, RESIDENTIAL VISITS AND SPORTING ACTIVITIES

11.1 Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities.

11.2 School will consider what reasonable adjustments may be required to enable children with medical needs to participate fully and safely on trips and visits. This will be considered as part of the activity risk assessment to take account of any steps needed to ensure that pupils with medical conditions are included.

12. UNACCEPTABLE PRACTICE

12.1 The following is regarded by the school as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child, parents or medical professionals;
- Sending children with medical conditions home frequently, or preventing them from staying for normal school activities;
- Penalising children for their attendance record if their absences are related to their medical condition;
- Preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents to attend school to administer medication or provide medical support to their child including toileting issues; and

- Preventing children from participating, or creating unnecessary barriers to children participating, in any aspect of school life, including school trips.

13. LIABILITY AND INDEMNITY

13.1 The school's Public Indemnity and Liability Insurance covers staff who support children with medical needs and is provided by Zurich Municipal; this is organised by the Local Authority. Details of the policy can be obtained from the school office.

14. COMPLAINTS

14.1 If parents or pupils are dissatisfied with the support provided by the school to pupils with medical conditions, they should discuss their concerns directly with the school. If the issue remains unresolved, they may make a formal complaint via the school's complaint procedure. ***A copy of the school's complaint procedure can be found on the school website or via the school office.***

15. APPROVAL AND REVIEW

15.1 This Policy was approved by The Governors of Bromley Heath Infant School

15.2 This Policy will be reviewed by The Finance and Premises Committee and will be reviewed annually.

Adopted and approved on behalf of the Governing body: Signed _____√_____

Date: _____ March 15 2016

Bromley Heath Infant School

First Aid/ Illness procedures

What to do in an emergency:

- First Aider/Headteacher to assess the incident /situation. The child/person is not to be moved but airways must be checked. An adult is to wait with the child/person and send for help.
- **If hospitalisation** is deemed necessary an ambulance is called. At the same time parents are contacted and advised of the situation and the actions being taken. The HT/DHT will wait for the ambulance and ensure that there is a clear route of access to the injured person.
- If hospitalisation is **not** deemed necessary parents will be contacted and asked to come and collect their child. They may be advised to take the child to their GP or hospital for further checks.

For Head injuries:

All cases of head injuries must be taken seriously, even if they seem slight.

- Child will be assessed by a First Aider who will decide whether to liaise with the Headteacher.
- Headteacher and First aider to decide on course of action
- To contact parents
- To take the child to hospital
- And in the case of a severe head injury to call an ambulance.(see above)
- Class teacher to be informed and pupil to be kept under constant surveillance, if child kept in school.
- All accidents involving head injuries must be reported to parents at the end of the day, verbally and by the 'I bumped my head today sticker and note' or a Wristband

For minor illnesses (raised temperature/headache/stomach upset etc)

- The class teacher/teaching assistant will assess the child and make the decision whether or not to send the child home.
- If a child is sick in school they will be sent home and we operate a 48hour free of sickness policy as advised by Public Health England's infection control guidance.

For minor accidents or bumps:

- A First Aider will assess the situation and a decision will be made, in consultation with the Headteacher as to whether to contact the child's parents and send them home.

All accidents and head injuries must be recorded on the child's individual record sheet in the accident book / folder on and in the case of head injury a 'bumped head note is to be completed'.

All class teachers must be informed of any lunchtime accidents that have been recorded in the accident book by their lunchbreak supervisor.

Bumped head notes will be placed in book bags by the lunchbreak supervisor.

All serious accidents/incidents or near misses must be reported to South Gloucestershire Council via the SOFIE system by the school administrator.

Bromley Heath Infant School

Asthma Policy

At Bromley Heath Infant School we recognise that asthma is a widespread, serious but controllable condition and we positively welcome all pupils and staff with asthma. We ensure that pupils with asthma can and do participate fully in all aspects of school life.

This is achieved through:

- ensuring that pupils with asthma have immediate, yet supervised access to reliever inhalers when required
- keeping clear records of all pupils with asthma and the medicines they take
- ensuring that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- ensuring that all pupils understand asthma
- ensuring that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- understanding that pupils with asthma may experience bullying and has procedures in place to prevent this.
- working in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

Record keeping

When pupils join Bromley Heath Infant School, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. All children with asthma will be placed on the Asthma Register (details of which are obtained through Arbor), which will include details of their medical history, current medications and any known asthma triggers which could impact on the child at school. The asthma register is available to all staff. Parents/carers are encouraged to update the school if there are any changes to the medical information given.

Medications

Immediate access to reliever medicines is essential in the treatment of asthma. Children can access their medications when it is required, with adult support. Inhalers are held in the children's classroom in a locked cupboard

All medications must be clearly labelled with the child's full name. It is the parent's responsibility to ensure that all medications are suitable for use and updated when appropriate. Parents also need to inform the school if any changes occur to their child's asthma treatment.

We do not hold and emergency inhaler

During school visits class teachers are responsible for ensuring that trips are suitable for children with asthma and that the appropriate medication is taken with them on the trip.

Training

All staff will be informed of the asthma policy and asthma register annually. Children with asthma will be highlighted in the classrooms, so that all staff are aware of their needs and possible triggers.

All staff will be given regular asthma awareness training to ensure that they are able to recognise the signs of an asthma attack and know what to do when an asthma attack occurs with a child in school. We will use the guidelines for schools as outlined by Asthma UK, in conjunction with advice from medical professionals, such as the school nurse.

Asthma Attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its School Asthma Pack. This procedure is visibly displayed in the staffroom and will be annually renewed and updated when required.

Exercise

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers, including additional coaches, will be aware of which pupils are on the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. There are two local cats who like to visit the grounds. On occasion, one has entered the classroom but seen promptly out.

There is a definitive no-smoking policy within the school and the school grounds. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. The school is cleaned daily, as well as regular additional deep cleans, to ensure that dust is kept to a minimum.

Out of School Sport

All clubs take place after school have their own medical needs register but have been notified as to where the children's asthma inhalers are kept, should they need to use them.

Training – Staff are updated annually about the triggers, signs of asthma attacks and what to do in an emergency. Asthma UK posters displayed in the staffroom and near PE equipment in the hall. Check?

This policy has been agreed by the staff and governors of Bromley Heath Infant School and will be reviewed, as part of the Medical needs policy, annually.

Adopted : March 2015 Signed: _____√_____ finance and premises committee

Appendix 2

Bromley Heath Infant School

ADMINISTRATION OF MEDICATION – FORM OF CONSENT/INDEMNITY

To enable the school to administer a prescribed medication to your child you **MUST** complete and sign this form. We will not administer any medication if the form is not signed. Parents are also advised that the Headteacher and staff must agree to administer medication as this is a purely voluntary act on their part.

DETAILS OF PUPIL

Surname _____ Forename(s) _____

Date of Birth _____ Class _____

CONDITION OR ILLNESS

Type of Condition or Illness _____

Name and type of medication
(as described on container) _____

How long will your child require the medication? _____
(ongoing or specific time span)

FULL DIRECTIONS OF USE

Dosage and Method _____

DATE	DOSAGE	TIME GIVEN	ADMINISTERED BY	WITNESS

Timing _____

Special Precautions _____

I understand that I must personally deliver the medicine to the School Office and accept that this is a voluntary service provided by the school.

SIGNATURE OF PARENT _____ **DATE** _____



Bromley Heath Infant School

Asthma Inhalers

REQUEST TO ADMINISTER MEDICATION FORM

Parents/guardians are advised that, unless you complete and sign this form the school will not administer medication to your son/daughter/ward. The Headteacher and staff must still agree to administer medication, as this is a purely voluntary act on their part.

DETAILS OF PUPIL

Surname _____ Forename (s) _____

Home Address _____

Date of Birth _____ Class/Form _____

CONDITION OR ILLNESS

Type of Condition or Illness _____

Name & Type of Medication _____

(as described on container)

How long will your child require the medication (ongoing or specific time span) _____

FULL DIRECTIONS ON USE

Dosage & Method: _____

Timing: _____

Special Precautions: _____

CONTACT DETAILS

Name of Parent/Guardian _____

Address _____

Daytime Telephone Number _____ Alternative No. _____

I understand that I must personally deliver the medicine to Head/Secretary/Class Teacher and accept that this is a voluntary service provided by the school.

Signature of Parent/Guardian _____ Date _____