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Berger Primary School

Medical Conditions and Personal Care Policy

Date of issue: Spring 2024

Review date: Spring 2025

Part 1

Supporting pupils with medical conditions policy (including protocol for the use of emergency asthma inhalers)

1. Aims

This policy aims to ensure that: Pupils, staff and parents understand how our school will support pupils with medical conditions.

Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities. The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)
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The named person with responsibility for implementing this policy is the Medical Welfare Officer (at time of writing this is Lucy Sessions) and SENCo. (at time of writing this is Kate Murray)

2. Legislation and statutory responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions. It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions and the Department of Health and Social care's guidance on the use of emergency inhalers in school.

3. Roles and responsibilities

3.1 The Governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting them with medical conditions.

3.2 The Head teacher

The Head teacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

3.3 All Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so. Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. Wherever possible, this will be before the pupil starts school.

In anticipation of a child with a medical condition starting school or as soon as a child has been identified as having a medical condition that requires support in school, they have responsibility for creating all IHPs, in collaboration with school staff.

Healthcare professionals are required to:

- Support staff to implement an IHP and then participate in regular reviews of the IHP.
- Give advice and liaison on training needs.
- Liaise locally with lead clinicians on appropriate support.
- Assist the Medical Welfare Officer in identifying training needs and providers of training.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school nurse and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within two weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. Individual Healthcare plans

The head teacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Medical Welfare Officer (at time of writing this is Lucy Sessions) and SENCo.

Plans will be reviewed at least annually or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out: What needs

to be done when and by whom.

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the head teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP. The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed.

The governing board, medical welfare officer and school nurse will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- 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, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring. Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable. Who in the school needs to be aware of the pupil's condition and the support required. Arrangements for written permission from parents and the head teacher 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 pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines:

Prescription and non-prescription medicines can be administered at school: When it would be detrimental to the pupil's health or school attendance not to do so and where we have parents' written consent. The only exception to this is where the medicine has been

prescribed to the pupil without the knowledge of the parents. Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are: In-date Labelled Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date. All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing metres and adrenaline pens will always be readily available to pupils and not locked away. Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.1 Controlled drugs: Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments

- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child Administer, or ask pupils to administer, medicine in school toilets

8. Protocol for the use of an emergency inhaler for pupils with Asthma

Since 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. At Berger Primary school, we have chosen to have emergency salbutamol inhalers available for pupils who are asthmatic at our school.

Our protocol for how and when the inhaler should be used is as follows:

8.1 Use of the inhaler

We ensure that the emergency inhaler is only used by children with asthma and with written parental consent for its use. Written parental consent for use of the emergency inhaler is included as part of a child's individual healthcare plan. We keep a record of use of the emergency inhaler and inform parents or carers when their child has used the emergency inhaler. Appropriate support and training for staff in the use of the emergency inhaler is given in line with section 10 of this policy. SLT are responsible for ensuring the protocols are in place.

8.2 Supply and storage of inhalers and spacers

We keep one emergency asthma inhaler kit in the Medical room.

Each Kit includes:

- a salbutamol metered dose inhaler
- at least two single-use plastic spacers compatible with the inhaler - instructions on using the inhaler and spacer/plastic chamber
- instructions on cleaning and storing the inhaler - manufacturer's information
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- a note of the arrangements for replacing the inhaler and spacers
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans
- a record of administration (i.e. when the inhaler has been used).

We order the supplies/equipment listed above from our first aid supplier. All staff are aware of this location and have access to the room at all times. The emergency asthma inhaler kits are never locked away but they remain out of the reach and sight of children. The

emergency asthma inhaler kits are kept separate from any child's inhaler which is stored in a nearby location and they are clearly labelled to avoid confusion with a child's inhaler. All inhalers are stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30 C and are protected from direct sunlight and extremes of temperature.

8.3 Care and of the inhalers and spacers

The Medical Welfare Officer has the responsibility for:

- checking monthly that the inhaler and spacers are present and in working order
- checking monthly that the inhaler has sufficient number of doses available
- obtaining replacement inhalers when expiry dates approach ensuring replacement spacers are available following use Priming an inhaler when first used (e.g. spray two puffs) and at regular intervals to ensure it does not become blocked again.
- Ensuring that the plastic spacer is not re-used to avoid possible risk of cross-infection. (It can be given to the child to take home for future personal use).
- Cleaning the inhaler after use

The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in a clean, safe place. The canister should be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place. if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should be disposed of and then replaced.

8.4 Disposal

All spent inhalers are returned to the pharmacy to be recycled. Berger Primary School is registered as a lower-tier waste carrier to ensure the legal disposal of spent inhalers. The following link can be used to re-register if required although this is not normally necessary. <https://www.gov.uk/waste-carrier-or-broker-registration>

9. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

10. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Medical Welfare Officer. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

11. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school. IHPs are kept in a readily accessible place which all staff are aware of.

12. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. The details of the school's insurance policy are: The school's insurance arrangements which cover staff providing support to pupils with medical conditions. Our insurance policies provide liability cover relating to the administration of GP/Hospital issued medication with parental consent, but individual cover may need to be arranged for any healthcare procedures.

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Medical Welfare officer in the first instance. If they cannot resolve the matter, they will direct parents to the school's complaints procedure.

14. Monitoring arrangements

This policy will be reviewed and approved by the governing board every two years.

15. Links to other policies

This policy links to the following policies: Accessibility Plan, Complaints Policy, Equality Information and Objectives Policy, First Aid Policy, Health and Safety Policy, Safeguarding Policy, Special Educational Needs Information Report and Policy.

Part 2

Supporting students with medical conditions that prevent them from attending school

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

The school will speak to the Hospital setting to see if there is education support available or if the child is at home the school will provide learning activities that can take place when the child is well enough.

A referral may be made to the medical needs tuition service run by Hackney Education if the following criteria is met

- The pupil is a resident of the London borough of Hackney (they may attend a school outside of Hackney)
- The pupil is aged between 4 and 16; and
- The pupil is temporarily absent (or due to be absent) for at least 15 consecutive school days (in a row) or absent (or due to be absent) for at least 15 days over the course of the current academic year - due to medical reasons, including mental and physical ill-health.
- The referral must be supported by medical guidance from a Consultant Level Doctor (not usually a GP) for physical health conditions or a CAMHS clinician for mental health needs.

If the referral is accepted Berger Primary will:

- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

Part 3

Personal Care

Personal care is any care which is associated with invasive procedures relating to bodily functions, bodily products and personal hygiene which demands direct or indirect contact with or exposure of intimate parts of the body. These include:

- Cleaning up after a child has soiled themselves
- Dressing/undressing or using the toilet.

When/ if children have toileting 'accidents' which are out of character for them staff will work with the child to encourage them to be as independent as possible when changing. Parents will be informed that day.

Where children have regular toileting 'accidents' or have a physical disability, medical need or learning difficulties a personal care plan will be created in conjunction with the child, parents and professionals.

We aim to:

- Safeguard the rights and promote the welfare of all children and young people including those who may be more vulnerable to abuse.
- Provide guidance and reassurance to staff whose duties may include intimate care.
- Assure parents and carers that staff are knowledgeable about personal care and that their child's individual needs and concerns are taken into consideration.
- Remove barriers to learning and participation, protect from discrimination and ensure inclusion for all children and young people within our setting.
- Maintain a professional and caring manner at all times.
- Encourage independence and autonomy in relation to the age and needs of the child.

Working with Parents

We believe that our partnership with parents is an essential principle in our setting and is particularly necessary in relation to children needing intimate care.

We will:

- Include parent and pupils voice when developing personal care plans to ensure needs are understood.
- Inform parents when personal care takes place.
- We will follow safeguarding procedures as per the school policy where any concerns are raised either by school staff, students or their parents/carers.

Procedure for intimate care

In Nursery, Reception and Years 1 -2 children will receive personal care in the toilet areas within

their classroom. The toilet areas will be supplied with bags, wipes, aprons and gloves.

In Years 3-6 children will receive personal care in an accessible toilet located next to the staff room or upstairs in the toilet area. The toilet will be supplied with bags, wipes, aprons and gloves.

Children will be escorted to the changing area swiftly and where necessary, provided with a towel to maintain their privacy and dignity.

There will be two adults present when personal care is being given. No child should be attended to in a way that causes distress, embarrassment or pain. One adult will always remain with the child should additional resources need to be gathered. The role of this adult is to ensure the child is as happy and calm as possible.

The role of this adult is to ensure that the child feels calm, reassured and to support the child with their personal care.

The adults will ask the child if they would like help before proceeding to provide personal care.

At Berger Primary School all staff are checked with the Disclosure and Barring Service (DBS). This policy has been developed to safeguard and promote the wellbeing of all our children.