



Where learning's an adventure

Safeguarding and Medical Policy

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Approved by:	Name: Chair of Governing Body		Jan 2014
Document Title:	Policy – Medical		
Version Number:	1	Date of Next Review:	Jan 2016

Aims

We aim to ensure that all pupils are enabled to take full advantage of the educational opportunities offered and have high self-esteem. We support this aim by monitoring and providing for children's welfare and their individual needs, and by providing a happy, secure environment in which pupils' well being is of paramount importance.

Objectives

We want children to:

- develop their individual talents and abilities;
- develop respect for themselves and others;
- achieve the highest academic standards they are capable of;
- learn in a positive school ethos, which promotes caring attitudes;
- take responsibility for decisions made and understand the effect of their actions on themselves and others;
- have trusted adults from whom they can seek advice;
- be aware of the need to keep healthy;
- know that parents/carers support the school and work in partnership with it;
- have high quality medical care when required.

1. Pastoral Support

At Copenhagen all members of staff undertake a pastoral role. We believe that a friendly school atmosphere, regular contact with parents/carers and sensitive relationships with the children enable any difficulties that may arise to be dealt with quickly. We aim to provide an atmosphere in which the children feel able to discuss their concerns with a trusted adult; where appropriate a child will be given a named adult who will listen to their difficulties and provide time and a place for them to talk. The class teachers' day-to-day contact with children plays a crucial part in their pastoral care. Support staff also have opportunities to make significant contributions to a child's welfare in informal settings. Opportunities for informal support may occur during meal times, play times, during first aid treatment or in support groups.

2. First Aid

2.1. First Aid staff:

Qualified First Aid Staff are on call throughout the school day.

Ms Christine Maza (Welfare and Pupil Liaison Officer) and Britta Eka (Assistant School Administrative Officer) are the named First Aiders based in the Main School Office next to the Welfare Room. Children who are unwell or have been injured must be sent to the Welfare Room.

A list of all first aiders is attached.

If a child is unable to walk or a serious injury is suspected, the child must not be moved without the attendance and advice of a qualified First Aider.

2.2. Recording and reporting First Aid treatment:

- The First Aider must record all instances of children, staff or visitors presenting for First Aid treatment in the Welfare Room Medical Book, which is kept in the Welfare Room or the Medical Books in the playground medical bags.

The record must include:

- Name & class of person seeking treatment
- date and time.
- description of illness/injury.
- note of treatment or action taken.
- signature of First Aider.
- Copy for parents/carers/carers

In the Nursery Class, the Early Years Educator or the Paediatric Trained First Aider will record First Aid treatment in the Nursery First Aid Day Book.

The Welfare Officer will judge if a child's parents/carers need to be contacted during the day because of accident or illness.

The Welfare Officer or First Aider must inform the class teacher of any child remaining in the Welfare Room after break or lunchtime.

Parents/carers will be contacted immediately after every head injury and this will be checked by SLT.

2.3. First Aid bags

Midday First Aiders & the senior midday supervisor is responsible for checking the contents of First Aid bags, ensuring that they are kept stocked with LA approved items and reordering supplies as required. Individual First Aiders are responsible for checking the contents of their own individual bags and replenishing them when necessary.

First Aid boxes are available in school as follows:

- (i) Welfare Room
- (ii) Nursery Class
- (iii) Copenhagen Extra
- (iv) On each floor

First Aid boxes/bags for off-site visits and activities are available from the Welfare Room. The Welfare and Pupil Liaison Officer is responsible for ensuring that these are stocked with appropriate items and for handing one or more of them to the person responsible for First Aid on the visit/activity. That person is responsible for ensuring the safe keeping of the First Aid kit/s during the visit and for returning it/them to the Welfare Room.

2.4. Injury or illness needing emergency hospital treatment:

When an illness or accident requires urgent medical attention, the following **EMERGENCY** procedures will be followed:

- SLT to be informed ASAP.
- The Welfare Officer will telephone for an ambulance. (999) The time of the call will be recorded and subsequently logged with the date, name of patient and nature of injury/illness in the Welfare Room Day Book.
- A member of staff will wait at the entrance in Treaty Street for the ambulance, **note time of arrival and direct ambulance crew via the quickest route to the child/person.**

- The Welfare Officer or School Administrator will telephone the parents/carers / carers of the child or named contact person. They should be directed to meet the patient at the hospital/ school. The time that contact is made must be logged for entry in the First Aid Day Book.
- The Welfare Officer/a named first aider/ member of the SLT in the absence of the parents/carers will accompany the child to hospital and await the arrival of the parent/guardian.
- A member of the office staff, will place the following documents in an envelope for the member of staff accompanying the child to hospital:
 - A copy of the child's emergency contact form.
 - A copy of any relevant medical information
- When the parent/carer arrives at the hospital the accompanying member of staff should give only the established facts of the child's accident and not discuss details, giving the school's telephone number and referring them to the head teacher.
- The accompanying member of staff should telephone the school and confirm arrangements for her/his return to the site.
- If the parent/carer has not arrived within half an hour of the child being discharged from the hospital, the accompanying teacher must telephone the school and take instructions from the head teacher/deputy head teacher.
- The accompanying member of staff must record the length of time spent at the hospital Welfare Room Day Book.

2.5. Reporting of referrals to doctor or hospital

The Welfare Officer or the Duty First Aider must enter details of every accident that is referred to an emergency doctor or hospital, on an Incident Record form.

These forms are kept in a file in the Welfare room. All details of the injured party, injury and incident must be given as required on the form. These include names of witnesses to the incident.

When completed the form must be handed to the head teacher for signature, before being sent to Islington Occupational Health and Safety section. A copy of the completed Incident Record sheet is kept on file in the Welfare Room.

It is the head teacher's duty to report fatal or major injuries IMMEDIATELY (by telephone) to the Health and Safety Section at Islington and the Chair of the IEB.

It is also the responsibility of the head teacher to report to the IEB all accidents that have been statutorily recorded, together with any incident of assault upon a member of staff.

2.6. Monitoring

The admin team will monitor the First Aid Day Book daily and report any injuries to the deputy. The deputy will review the Welfare Room book weekly and for any cause for concern. (e.g. children who make frequent visits to the Welfare Room, high incidences of injury at particular times or locations, or marked increase in types of injuries). The head teacher investigates accidents

reported in the Statutory Accident Book to ensure that any unsafe practice is identified and remedial action is taken immediately.

3. Medical Needs

3.1. Medical information

Parents/carers/ carers are asked to complete a form, giving basic medical information, when children start at Copenhagen. These records are kept in the Welfare room.

Parents/carers/ carers have prime responsibility for their children's health and are requested to ensure that the information they provide the school is up to date. The School nurse is responsible for checking that the school has medical records for every child. Inclusion Leader provides class teachers, parents/carers and members of the leadership team with a list of children who have individual Healthcare Plans (see below).

3.2. Medical needs

Most pupils will, at some time, have a medical condition that may affect their participation in school activities. For many pupils, this will be short term, but some pupils will have medical conditions that, if not properly managed, could limit their access to education. These children have **medical needs**. At Copenhagen we aim to ensure that pupils with medical needs receive proper care and support enabling them to participate as fully as possible in school life. Most children with medical needs can attend school regularly, but staff need to take extra care in supervising some activities to make sure that these pupils, and others are not put at risk.

Children identified as having medical needs will have an individual Healthcare Plan for a Pupil with Medical Needs (see APPENDIX F) drawn up. The main purpose of the Healthcare Plan is to identify the level of support that is needed at school, and is a written agreement between parents/carers and school. Plans should be reviewed at least annually. Those involved in drawing up Healthcare Plans will be the head or deputy, parent/ carers, class teacher, Inclusion Leader and the school nurse (as necessary). The Healthcare Plan will also include details of medication and who is to administer it.

A Healthcare Plan may reveal the need for school staff to have specific training on a medical condition, on administering a particular type of medication or in dealing with emergencies. The school nurse will provide appropriate training. Where there is concern about whether the school can meet a pupil's needs, the head teacher will seek advice from the school nurse and Islington LA.

Inclusion leader is responsible for keeping the list of children with medical needs up to date. All staff are given the list of these pupils. When a class teacher is absent the team leader is responsible for ensuring that this information is available to the person covering the class.

The head teacher will ensure that all medical information is treated confidentially and will reach agreement with individual parents/carers/ carers about who will have access to this information.

3.3. Medication

Parents/carers / carers of children with long term medical needs (e.g. Asthma) must provide details of medication so it can be included in a child's individual Healthcare Plan.

Many children will need to take medication for a short period of time (e.g. to finish a course of antibiotics). Parents/carers should try to ensure medication is prescribed in a frequency which enables it to be taken out of school hours. Where this is impossible, parents/carers are asked to see Headteacher or

Deputy and to complete the request for the school to administer medication form (see APPENDIX). Medication will only be given when this form has been completed. Parents/carers are responsible for handing medication to Admin team in the School Office, and for ensuring that it is labelled with the pupil's name, dose of drug, and frequency of administration.

Members of staff giving medicine to a pupil should check the pupil's name, written instructions provided by the parents/carers or doctor, the prescribed dose, and the expiry date of the medication. Staff must complete and sign the Medication Record Log every time they administer medication.

All staff are trained in administering medication using an epipen as children requiring such medication in an emergency need **immediate** attention by the supervising adult.

In most cases the only staff to administer medication will be Christine Maza , a qualified First Aider or staff named on the child's individual Healthcare Plan. Inclusion leader is responsible for ensuring that qualified First Aid staff are fully conversant with new cases, and procedures for the administration of any medication.

It is preferable for pupils who are able to, to administer their medication themselves. This is usually done in the Welfare Room under the supervision of an identified adult (as specified above). A parental consent form must be completed before children are allowed to administer their own medication (see APPENDIX).

If a child refuses to take medication, school staff will not force them to do so. The pupil's parents/carers should be contacted immediately, and if necessary the emergency services.

Staff at Copenhagen School will not administer non-prescription medicines. This includes painkillers e.g. analgesics such as aspirin. Children must not bring non-prescription medicines to school.

Parents/carers are responsible for ensuring that a child is well enough to attend school. Children brought to school who are unwell will be sent home.

3.4. School trips and sports activities for pupils with medical needs.

At Copenhagen we encourage all pupils to participate as fully as possible in school activities.

Staff in charge of these activities are responsible for checking with Inclusion Leader about the medical needs of participating pupils, and for ensuring that they are aware of medical needs, emergency procedures and medication requirements. Sometimes an additional supervisor or parent might accompany a particular pupil. If staff are concerned about whether they can provide for a pupil's safety or the safety of other pupils, they must seek advice from the head teacher. Any restrictions on a pupil's ability to participate in PE should be included in their individual Healthcare Plan.

3.5. Storage of medication

When it has been agreed that the school will administer or supervise a pupil's medication, the parents/carers must provide the medication in the container supplied by the pharmacist marked clearly with the child's name. Medication must always be stored in the Welfare Room, with the exception of inhalers and epipens (see below)

Pupils are informed of where their medicine is kept and when to go to the Welfare Room for it.

Medicines such as asthma inhalers are not locked away, but are kept in an accessible place in the classroom so that they are readily available for use.

Epipens are kept in the child's classroom and taken outside by the attached SMSA at lunchtimes. A spare epipen is kept in the welfare room with the child's name on it. (If possible)

Christine Maza is responsible for the safe storage of all medication.

3.6. The Legal Position of Staff

There is no legal duty on school staff to administer medication; it is a voluntary role. Staff who provide support for pupils with medical needs will be given appropriate training, and have access to all necessary information. If staff follow the school's procedures they will normally be fully covered by Islington's public liability insurance.

Staff are expected to do all they can to assist a child in medical need. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

4. Common Medical Needs

4.1 Asthma

What is Asthma?

People with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house dust mites.

Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment. Asthma attacks are characterised by coughing, wheezing and difficulty in breathing out. The affected person may be distressed and anxious and, in severe attacks, the pupil's skin and lips may become blue.

Medication and Control:

There are several medications used to treat asthma. Some are for long-term

prevention and are normally used out of school hours and others relieve symptoms when they occur (although these may also prevent symptoms if they are used in anticipation of a trigger, e.g. exercise).

Most pupils with asthma will relieve their symptoms with medication using an inhaler. It is good practice to allow the children with asthma to take charge of and use their inhaler from an early age, and many do.

A small number of children, particularly the younger ones, may use a spacer device with their inhaler with which they may need help. In a few severe cases, children use an electrically powered nebulizer to deliver their asthma medication.

Children with asthma must have immediate access to their reliever inhalers when they need them.

Asthma medication is kept in the Welfare Room where it is readily available for pupils.

Parents/carers are asked to ensure medication is labelled and kept up to date and that they provide a spare inhaler in case the child leaves one inhaler at home or it runs out. Although major side effects are extremely uncommon for the most frequently used asthma medications, they do exist and may sometimes be made more severe if the pupil is taking other medication.

Pupils should not take medication which has been prescribed for another pupil. If, however, a pupil took a puff of another pupil's inhaler there are unlikely to be serious adverse effects.

Pupils with asthma are encouraged to participate as fully as possible in all aspects of school life, although special consideration may be needed before undertaking some activities,

They must be allowed to take their reliever inhaler with them on all off-site activities. Physical activity will benefit pupils with asthma in the same way as other pupils. They may, however, need to take precautionary measures and use their reliever inhaler before any physical exertion.

Pupils with asthma should be encouraged to undertake warm up exercises before rushing into sudden activity especially when the weather is cold. They should not be forced to take part if they feel unwell.

Asthma Attack:

If a pupil is having an asthma attack, the person in charge should prompt them to use their reliever inhaler if they are not already doing so. It is also good practice to reassure and comfort them whilst, at the same time, encouraging them to breathe slowly and deeply.

The person in charge should not put his/her arm around the pupil, as this may restrict breathing. The pupil should sit rather than lie down. If the medication has had no effect after 5 - 10 minutes, or if the pupil appears very distressed, is unable to talk and is becoming exhausted, then medical advice must be sought, and/or an ambulance called.

4.2. Epilepsy

What is Epilepsy?

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. Around 1 in 130 children in the U.K. have epilepsy. Parents/carers are sometimes reluctant to disclose their child's epilepsy. At Copenhagen we aim to encourage them to do so by informing them of our positive policy towards children with medical needs.

Not all pupils with epilepsy experience major seizures (commonly called fits). For those who do, the nature, frequency and severity of the seizure will vary

greatly between individuals, some may exhibit unusual behaviour (for example, plucking at clothes, or repetitive movements), experience strange sensations, or become confused instead of, or as well as, experiencing convulsions and/or loss of consciousness.

Seizures may be partial (where consciousness is not necessarily lost, but may be affected), or generalised (where consciousness is lost). Examples of some types of generalised seizures are:

Tonic Clonic Seizures

During the tonic phase of a tonic clonic seizure the muscles become rigid and the person usually falls to the ground. Incontinence may occur. The pupil's pallor may change to a dusky blue colour. Breathing may be laboured during the seizure. During the clonic phase of the seizure there will be rhythmic movements of the body, which will gradually cease. Some pupils only experience the tonic phase and others only the clonic phase. The pupil may feel confused for several minutes after a seizure. Recovery-times can vary, some require a few seconds, while others need to sleep for several hours.

Absence Seizures

These are short periods of staring, or blanking out and are non-convulsive generalised seizures. They last only a few seconds and are most often seen in children. A pupil having this kind of seizure is momentarily completely unaware of anyone/thing around him/her, but quickly returns to full consciousness without falling or loss of muscle control. These seizures are so brief that the person may not notice that anything has happened. Parents/carers and teachers may think that the pupil is being inattentive or is day-dreaming.

Partial Seizures

Partial seizures are those in which the epileptic activity is limited to a particular area of the brain.

Simple Partial Seizures (when consciousness is not impaired)

This seizure may be presented in a variety of ways depending on where in the brain the epileptic activity is occurring.

Complex Partial Seizures (when consciousness is impaired) is the most common type of partial seizure. During a temporal lobe complex partial seizure the person will experience some alteration in consciousness. They may be dazed, confused and detached from their surroundings. They may exhibit what appears to be strange behaviour, such as plucking at their clothes, smacking their lips or searching for an object.

Medication and Control

The symptoms of most children with epilepsy are well controlled by modern medication and seizures are unlikely during the school day. The majority of children with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing or flickering lights, video games and computer graphics, and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TV. A child's individual Healthcare Plan should detail likely triggers so that action can be taken to minimise exposure to them.

Pupils with epilepsy must not be unnecessarily excluded from any school activity. Extra care and supervision may be needed to ensure their safety in some activities such as swimming. Off-site activities may need additional planning, particularly overnight stays. Concern about any potential risks will be discussed with pupils and their parents/carers, and if necessary, the head teacher will seek additional advice from the GP, paediatrician or school

nurse/doctor.

Some children with tonic clonic seizures can be vulnerable to consecutive fits which, if left uncontrolled, can result in permanent damage. These children are usually prescribed Diazepam for rectal administration. Staff may naturally be concerned about agreeing to undertake such an intimate procedure and proper training and guidance will be given before staff will administer Diazepam. Diazepam causes drowsiness so pupils may need some time to recover after its administration.

Nothing must be done to stop or alter the course of a seizure once it has begun except when medication is being given by appropriately trained staff. The pupil should not be moved unless he or she is in a dangerous place, although something soft can be placed under his or her head. The pupil's airway must be maintained at all times. The pupil should not be restrained and there should be no attempt to put anything in the mouth. Once the convulsion has stopped, the pupil should be turned on his or her side and put into recovery position. Someone should stay with the pupil until he or she recovers and re-orientates. Call an ambulance if the seizure lasts longer than usual or if one seizure follows another without the person regaining consciousness or where there is any doubt.

4.3. Diabetes

What is Diabetes?

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About one in 700 school-age children has diabetes. Children with diabetes normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly.

Medication and Control

The diabetes of the majority of school-aged children is controlled by two injections of insulin each day. It is unlikely that these will need to be given during school hours. Most children can do their own injections from a very early age and may simply need supervision if very young, and be allowed to use the Welfare Room.

Children with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. They may need to do this during the school lunch break or more regularly if their insulin needs adjusting. Most pupils will be able to do this themselves and will need access to the Welfare Room.

Pupils with diabetes must be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemic episode (a hypo) during which his or her blood sugar level falls to too low a level. Staff in charge of physical education classes should be aware of the need for pupils with diabetes to have glucose tablets or a sugary drink to hand.

Hypoglycaemic Reaction

Staff should be aware that the following symptoms, either individually or combined, may be indicators of a hypo in a pupil with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking

- lack of concentration
- irritability

Each pupil may experience different symptoms and this should be discussed when drawing up their Individual Healthcare plan.

If a pupil has a hypo, it is important that a fast acting sugar, such as glucose tablets, a glucose rich gel, a sugary drink or a chocolate bar, is given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10 - 15 minutes later. If the pupil's recovery takes longer an ambulance should be called.

4.4. Anaphylaxis

What is Anaphylaxis?

Anaphylaxis is an extreme allergic reaction requiring urgent medical treatment. When such severe allergies are diagnosed, the children concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases; they go through the whole of their school lives without incident. The most common cause is food — in particular nuts, fish, and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than to hold it back. Training is provided for all staff on how to administer the injection.

For some children the timing of the injection may be crucial. This needs to be clear in the individual Healthcare Plan and suitable procedures put in place so that swift action can be taken in an emergency.

Medication is kept in the Welfare Room and the child's classroom.

Parents/carers will expect the school to ensure that their child does not come into contact with the allergen. Parents/carers are asked not to send products containing nuts to school at any time. It is not possible to ban other foods which may cause allergies, such as fish, but staff are aware of children's allergies and do all they can to ensure children at risk avoid them. It is also necessary to take precautionary measures on outdoor activities or school trips.

Allergic Reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- a metallic taste or itching in the mouth
- swelling of the face, throat, tongue and lips
- difficulty in swallowing
- flushed complexion
- abdominal cramps and nausea
- a rise in heart rate
- collapse or unconsciousness
- wheezing or difficulty in breathing

Each pupil's symptoms and allergens will vary and will need to be discussed when drawing up the Individual Healthcare plan.

Call an ambulance immediately if the pupil does not respond to the medication.

5. Health Care

5.1. Referrals by staff

Staff who are concerned about a child's health (e.g. weight, hearing, speech, sight) must refer the child to The School Nurse.

5.2. Medical examinations

Health Assessments by the school nurse or dentist occur periodically during a child's time at school. Parents/carers are informed in writing of these examinations by the Health Authority and are invited to attend.

The school nurse may refer children for further tests to other professionals. It is the parent's responsibility to ensure that they keep these appointments.

5.3. Communicable diseases

Any child suspected of having a communicable disease must be sent to the Welfare Room. Admin team will contact the parents/carers and advise them to take their child to the GP.

If a parent reports that their child has a communicable disease the information must be given to Admin team, who will immediately inform the head teacher. The Head teacher will carry out a risk assessment and take advice from the Health Authorities as to any need for an immunisation programme or any further action.

5.4. Health in the curriculum

Children are taught about keeping healthy and encouraged to take responsibility for their own

health through the school's PSHE, PE and science curricula. Children are taught about emotional as well as physical health; the SEAL materials (social and emotional aspects of learning) support this aspect of the curriculum. Copenhagen has Healthy Schools status and actively encourages healthy eating habits and walking to school through its food and travel policies. We are constantly striving to improve the health and well-being of our pupils and staff.

6. Responsibilities

6.1. Governors

It is the responsibility of the IEB to:

- oversee the implementation of the Medical Policy
- ensure the policy is monitored and reviewed and that necessary revisions are undertaken
- ensure the Health and Safety Procedures are followed.

6.2. Head/Deputy

It is vital that the head teacher and deputy head teacher are kept well informed, as their role is crucial in the communication and monitoring of pastoral care in the school. The head/deputy are responsible for:

- overseeing the implementation of this policy
- monitoring and reviewing of the policy
- ensuring that staff fulfil their roles effectively
- determining if short term medication may be administered in school
- liaising with parents/carers and support services
- monitoring absence and attendance
- reporting Child Protection issues to appropriate agencies
- ensuring staff are sufficiently trained
- ensuring confidentiality of medical records
- communicating policy and procedures to parents/carers
- overseeing the drawing up Healthcare Plans for children with medical needs
- ensuring staff are kept informed of medical issues related to children in their care

6.3. SENCO

The SENCO is responsible for:

- following up referral of pupils to other agencies
- providing staff with information about children needing particular pastoral support (as detailed in their medical plans)

6.4. Class teachers

Class teachers are responsible for:

- providing support and guidance to pupils in their care
- keeping the class log up to date
- reporting pastoral concerns
- being aware of Child Protection issues and reporting Child Protection concerns

immediately to the head teacher

- keeping abreast of information relating to the medical needs of children in their class and/or teaching group and seeking advice when necessary
- providing a secure learning environment in which all children feel safe and valued

6.5. Team leaders

Team leaders have overall responsibility for the pastoral welfare of children in their team. They are responsible specifically for:

- ensuring implementation of this policy
- being the first point of reference for class teachers in their teams about pastoral concerns
- providing support and guidance to teachers over pastoral issues
- ensuring they have all necessary information about children in the year groups they are responsible for
- providing support and guidance to pupils in these year groups
- monitoring class logs
- ensuring Child Protection procedures are followed

6.6. Welfare Officer — First Aid appointed person

The welfare officer Christine Maza with the support of Admin team is responsible for:

- ensuring medical records are up to date for every child in the school
- ordering First Aid equipment, keeping it in good condition, and ensuring it follows LA guidelines
- storage of First Aid equipment
- attending training on First Aid and Medical issues, and ensuring that qualifications are kept up to date
- helping with the writing of individual Healthcare Plans and storage of these plans
- monitoring welfare room log and informing the head/deputy of concerns
- informing parents/carers of a child's injuries/illnesses
- reporting Child Protection issues to the Child Protection Officer
- keeping lists of high profile children up to date and informing appropriate staff
- providing the First Aid kit and individual children's medication for school trips
- following school procedures when administering medication and keeping records
- providing support and advice to pupils
- reporting pastoral concerns to class teachers

6.7. Support staff

Support staff are responsible for:

- providing support and advice to pupils
- helping pupils with special educational needs to achieve their targets.
- reporting any Child Protection concerns to the Child Protection Officer
- following school procedures for administration of medication and keeping records
- reporting pastoral concerns to class teachers

6.8. Other Staff 15

Other staff are responsible for:

- providing support and advice to pupils
- reporting pastoral concerns to class teachers
- reporting any Child Protection concerns to the Child Protection Officer, Headteacher

6.9. Parents/carers

Parents/carers are responsible for:

- providing necessary medical information to school and ensuring it is kept up to date
- helping to draw up individual Healthcare Plans and being involved with their review
- providing necessary medication and written information, and ensuring the school is kept informed of changes to prescriptions or support needed
- informing class teacher, head or deputy of any changes of circumstances/events that may affect their child in school (e.g. bereavement, separation etc) so that appropriate support can be given.

7. Monitoring and Assessment

7.1. Children's pastoral and medical needs are monitored through:

- o SEN review meetings
- o Child Protection reports
- o First Aid Day Book
- o Individual Healthcare Plans
- o Lunchtime books
- o Team and Phase meetings
- o Parents/carers' meetings

7.2. The Senior Management Team will assess the effectiveness of this policy through:

Minutes of phase and team meetings

- o Regular meetings of the SMT, and deputy with the head.
- o First Aid Day Book (Deputy)
- o Incident Record file (Head)
- o Individual Healthcare Plans (Head & Deputy)
- o SEN review meetings (Head and SENCO)
- o Meetings with individual parents/carers

We seek to ensure that we provide the best possible care and support for our pupils. To ensure this is the case we will regularly review this policy and our procedures and amend them in the light of our findings.

8. Success Criteria

We will judge this policy to be effective if:

- o Members of the community believe that Copenhagen provides a happy and safe learning environment for all pupils.
- o Children have high self-esteem and expectations of themselves.
- o Children's welfare and medical needs are monitored and provided for, using the agreed procedures stated in this policy.

ADMINISTRATION OF MEDICINES – FORM OF CONSENT

Child's Name	Class
Parents/carers/Carer's Name	GP name
Address	Address
Home No:	Tel No:
Work No:	
Mobile	

I agree to appropriate members of staff to administer prescribed medicines to my child as directed below. All medicines must be in the packaging with the child's prescription details clearly marked on both packaging and container. In case of a reaction, the first two doses of the medicine must be administered at home.

Parent/Carer Signed:	Date:
Copenhagen Staff Signed:	Date

Name of medicine	Dose	Frequency/dose	Time of Adminstartion	Adminstrator Sign	Comments

Special Instructions
Allergies
Other drugs/medications taken by the child at home:
ONLY MEDICINE PRESCRIBED BY A DOCTOR WILL BE ADMINISTERED

MEDICAL HEALTH PLANS

Most pupils will at some time in their school career, have a medical condition that impacts on their school life. This is usually short term and is either fully or substantially resolved.

However, some pupils have long term medical needs, which, if not properly managed, may restrict their ability to attend school regularly and take part in school activities.

Schools, parents/carers and health professionals all need to work together to create a suitable, supportive school environment for pupils with medical needs.

A positive response by the school to a pupil's medical needs will not only benefit the pupil, but can also positively influence the attitude of the class, year group, other children in the school.

As part of creating such an environment, an Individual Health Care Plan is one element in this response.

The information contained within the plan must be treated in confidence and should be used for no other purpose than for the school to set up a good support system.

Purpose of the guidance

This guidance is intended to provide clarity as to the appropriate process for drafting and amending Individual Health Care Plans, within educational establishments in the City and County of Swansea.

It addresses:

- the role of the LEA and the support which it can provide for schools
- the role of health care professionals in providing guidance and training.
- the role of headteachers and staff in schools and how they can access training where it is needed.

Background

The Welsh Office Circular Supporting *Pupils with Medical Needs in Schools* (WOC 34/97/WHC (97) 31) makes it clear that planning for the medical needs of pupils is very important as these pupils: '*may be more at risk than their classmates*'. In addition, to the Circular, the Welsh Office published a document in December 1997 entitled *Supporting Pupils with Medical Needs-a Good Practice Guide*. In the Guide, pupils with medical needs are defined as being those who have: '*medical conditions that, if not properly managed, could limit their access to education.*'

In March 2005, the Department of Health issued Guidance on '*Managing Medicines in Schools and Early Years Settings*'. This Guidance, although specifically for English schools, supports our protocol.

In the City and County of Swansea, pupils with medical needs may be educated in any of the following settings:

- Mainstream classes in Nursery, Primary or Secondary Schools (often with the support of a Learning Support Assistant)
- Specialist Teaching Facilities (STFs) in Primary or Secondary Schools (where they will be responsibility of a Specialist Teacher and may be taught in a small group for a proportion of their time).
- Pupil Referral Units
- Special Schools
- At home taught by a Home Tutor or in a Home Tuition base.

The Purpose of Individual Health Care Plans

The Good Practice Guide (1997) states that:-

- An individual health care plan can help schools to identify the necessary safety measure to support pupils with medical needs and ensure that they and others are not put at risk.
- The health care plan is a written agreement with parents/carers which clarifies for all concerned the help that the school can provide and receive.
- Each plan will contain different levels of detail according to the needs of the individual pupils.

Section 4 of the Guide provides information to assist schools in drawing up health care plans and a pro-forma which schools can adopt/adapt. Additional guidance is provided in the LEA's *Policy on the Administration of Medicines in Schools*, which has been circulated to all schools.

Identifying pupils and initiating the process

Pupils with medical needs and a new Statement of Special Educational Needs (SEN)

All pupils placed in STFs or special schools, and most pupils with medical needs in mainstream primary and secondary schools are likely to have had their needs formally assessed prior to placement. During this process and the subsequent drafting of a Statement of SEN, the SEN Panel considers medical advice about the child, provided by health care professionals. As from 1st September 1999, where pupils' medical needs are such as to require the drafting of an Individual Health care Plan, the SEN Panel will recommend to school and the parent /carer that this should be drawn up prior to admission.

Whilst many pupils placed in Pupil Referral Unit (PRU) will not have a statement, they will nonetheless all have had consideration at the SEN Panel. Should there be a need for an Individual Health Care Plan; the Panel will make a recommendation accordingly.

Pupils with medical needs with existing Statement of SEN

The Health Care Plan should be reviewed at the time of the Annual Review of the Statement of SEN and at any other time when their needs are being reviewed.

Pupils with medical needs who do not have a Statement of SEN

A small number of pupils with medical needs will not have Special Education Needs which are significant enough to warrant a Statement of SEN. Generally such pupils will be in ordinary primary and secondary school provision. In such instances, it is the responsibility of the headteacher, to ensure that an Individual Health Care Plan is drawn up.

Pupils who have medical needs who do not have SEN

There will be some pupils who have significant medical needs who do not have any special educational needs affecting their learning. However, they may need an Individual Health Care Plan. In such instances, it is the responsibility of the headteacher, to ensure that an Individual Health Care Plan is drawn up.

Pupils moving from Home Tuition Base into school (without a Statement of SEN)

Some pupils with medical needs who are educated at home, with the support of a tutor from the Home Tuition Service, may not have a statement of SEN. When the child's return/entry to school is being planned, the Team Leader for Home Tuition, will inform both the school and the SEN Manager of the need to draw up an Individual Health Care Plan. This will ensure that the child's medical needs are identified as early as possible. Prior to the child

being admitted/returning to school, the headteacher would ensure that an Individual Health Care Plan was drawn up.

Drafting the Plan

When drawing up Health Care Plans, advice and support will be provided by the LEA as the Good Practice Guide makes clear. Drawing up an Individual Health Care Plan should not be onerous.

The Guide states that the following people may need to be involved in the process:

- headteacher
- parent/carer
- class teacher
- Learning Support Assistant
- School Nurse (if applicable)
- Community Paediatrician in the first instance)
- Other health care professionals

At a school admissions meeting, many of the key people listed above will be present. It is therefore recommended that this is the chosen forum for the process to begin. The headteacher will generally convene and chair an admissions meeting and may therefore take the lead in ensuring that a Health care Plan is drafted. In many cases, this can happen during the admissions meeting, though in some cases a different or additional meeting may be required, where additional support from other colleagues can be requested.

Medical advice should be sought in writing prior to the meeting, by the headteacher or the person designated by the headteacher to carry out this task. This should be from the Community Paediatrician in the first instance. Should further medical advice be needed, the Community Paediatrician will decide who should be contacted and will generally undertake to do so.

At the meeting, the Health Care Plan pro forma should be completed in draft through discussion between the parent/carer and the professionals involved.

When completed and agreed, the Health Care Plan should be signed by:

- **the Community Paediatrician**
- **the parent/carer**
- **the headteacher**

Unless it is signed in this way the Health Care Plan is not complete, and were there to be an incident, the school might find themselves compromised.

Any agreed procedures, once finalised and signed should be copied to all parties involved.

A copy of the completed Health Care Plan must be logged centrally and therefore should be sent to:

LA

The document should be kept in a safe place within the school and regarded as confidential. It is then the responsibility of the headteacher to ensure that staff, including associate staff and supply staff, are informed of any relevant medical information or procedures concerning an individual pupil.

In many cases, pupils with medical needs will have an adult specifically responsible for meeting these needs (e.g. an LSA). The headteacher should ensure that staff agree to this role, that this is set out clearly in a job description and they have the opportunity to discuss whether they need any particular preparation for it. In the event that training needs are identified, the headteacher is advised to contact the LEA who can help to provide support in securing the relevant training.

Arranging training for the delivery of the Health Care Plan

The production of an Individual Health Care Plan may reveal the need for some school staff to have further information about a medical condition or specific training in administering a particular type of medication or in dealing with emergencies. It is the responsibility of the headteacher to seek additional training for particular individuals or for specific procedures.

Monitoring and reviewing Health Care Plans

Following the introduction of an Individual Health Care Plan, there should be an initial period during which its operation is closely monitored by all concerned. Any issues relating to its implementation should be fed back immediately to the headteacher and through him/her to the parents/carers. Solutions should be sought and discussed with all those who contributed to the drafting of the plan.

An Individual Health Care Plan may also be updated as a result of any changes in the pupil's health care needs. Individual Health Care Plans should be reviewed on a regular basis and at least annually. If a pupil has a Statement of Special Educational Needs, the most appropriate forum for this would be at the Annual Review

Whenever a change is to be made to a Health Care Plan, it should be discussed with all those involved and alterations recorded. Then it must be signed as previously specified above and an updated, signed copy sent to: school nurse



Health Care Plan for a Pupil with Medical Needs

Name of school		
Child's name		
Year /Class		
Date of Birth		
Child Address		
Medical diagnosis or condition		
Date plan drawn up:		
Review date:		
<u>CONTACT INFORMATION</u>		
<u>Family Contact 1</u>	<u>Family Contact 2</u>	
Name:	Name:	
Phone No: (work): (home): (mobile):	Phone No: (work): (home): (mobile):	
Relationship:	Relationship:	
<u>Clinic/Hospital Contact</u>	GP	
Name:	Name	
Address	Address	
Tel no:	Tel no:	
Describe medical condition and give details of pupil's individual symptoms:		
Daily care requirements (e.g. before sport/at lunchtime):		
Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs:		
Follow up care:		
Who is responsible in an emergency (State if different on off-site activities)		
	Signed	Date
Community Paediatrician		
Parent/carer		
Head teacher		
Inclusion Leader		

Contacting the Emergency Services

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

- 1. Your telephone number**

- 2. Give your location as follows (insert school/setting address)**

- 3. State that the post code is**

- 4. Give exact location in the school/setting (insert brief description)**

- 5. Give your name**

- 6. Give name of child and a brief description of the child's symptoms**

- 7. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to**