



Supporting Children with Medical Conditions

Date Approved: March 2020

Date for Review: March 2023

The Children and Families Act 2014 includes a duty on schools to support children with medical conditions. Schools must make arrangements for supporting pupils at school with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State, 'Supporting Pupils at School with Medical Conditions', 2017.

Heene Primary School will ensure that children with medical conditions are well supported. We have experience of dealing with children who require Individual Health Care Plans (IHCP Template A1) and we liaise with the relevant professionals.

- We have delegated members of staff who are responsible for supporting these children and for ensuring that sufficient staff are suitably trained.
- We have a commitment that all relevant staff will be made aware of the child's condition.
- We provide cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- We brief supply teachers by providing relevant written information.
- We undertake risk assessments for school visits and other school activities outside of the normal timetable.
- We monitor individual healthcare plans in liaison with health practitioners.
- We have a commitment to ensure that no child with medical needs is excluded from activities on and off-site, including coach trips and off-site sports events. Arrangements for their care will be put in place and all reasonable adjustments made to enable the child to participate fully.

1. Procedure to be followed when notification is received that a pupil has a medical condition

When a child with a medical condition enters Heene Primary School we will ensure that arrangements are put in place to support that pupil. Prior to admission and if appropriate, an individual health care plan will be set up and any training from a healthcare professional sourced.

Individual Health Care Plans (IHCP)

Some children need IHCPs which can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions are long term and complex, where needs fluctuate or where there is a high risk that emergency intervention will be needed. However, not all children will require one. The school, healthcare professional and parent will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will take a final view. They will be easily accessible to all who need to refer to them, whilst preserving confidentiality. Individual Health Care Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the

degree of support needed. This is important because different children with the same health condition may require very different support.

Where a child has Special Educational Needs but does not have a statement or Education, Health and Care Plan (EHCP), their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review), may be initiated, in consultation with the parent, by a designated member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents and a relevant healthcare professional, e.g. GP, Hospital Specialist or School Nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to ensure the steps are implemented to help the child manage their condition and overcome any potential barriers stopping them getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. Where the child has a special educational need identified in a statement or EHCP, the individual healthcare plan should be linked to or become part of that statement or EHCP.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

If a child needs to have medication given to them during the school day on a short term basis, e.g. antibiotics, paracetamol etc. then the short term consent form (template B) and Administration of Medication form (template C) must be completed in consultation with the parents and all procedures followed. See Medicines in School Policy.

When deciding what information should be recorded on individual healthcare plans, the school will consider the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs - including medication (dose, side-effects and storage, if specific to that medication) 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, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should 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 child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.

2. Absence

Regular school attendance is vital for every child and Heene Primary School does all that it can to maintain high attendance figures. Nevertheless, from time to time every child will become ill and may require some

time out of school to recover. If a child is ill, then the best place for him/her to be is at home. If a child becomes ill during the school day, we will contact their parents so that they can be collected and taken home.

3. Instruction and Training

Specific instructions and training must be given to staff, either from a healthcare professional or the person that has attended Managing Medicines County Training. Parents will be introduced to the member/s of staff and their written permission gained. Such safeguards are necessary both for the staff involved and to ensure the wellbeing of the child. Training needs are dealt with when identified and a record is kept of what is undertaken and by whom, both internal and external.

‘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.’ – Supporting pupils with medical conditions – April 2017.

4. Needlestick Injuries

Needlestick injuries occur when needles puncture the skin. They carry a risk of infection from blood-borne viruses, particularly hepatitis B, hepatitis C and HIV. There may also be a risk of tetanus. There are two main circumstances that needles are present in educational establishments:

- Needles discarded by members of the public on school grounds
- Needles used in school by pupils who have medical conditions such as diabetes

‘Sharps’ are defined as sharp instruments such as a needle or broken glass. The following precautions should be established for all sharps:

- Do not pass sharps directly from hand to hand.
- Keep handling to a minimum.
- Do not break or bend needles before use or disposal.
- Dispose of syringes or needles as a single unit; do not dismantle by hand.
- Never re-sheath needles.
- Staff to take personal responsibility for any sharps they use and dispose of them in a designated container at the point of use. The container should conform to UN standard 3291 and British Standard 7320.
- Take the sharps container to the sharp not vice versa.
- Do not fill sharps containers by more than two thirds and do not push the contents down.
- Use sharps trays with integral sharps bins.
- Sign sharps boxes on assembly and disposal.
- Store sharps safely away from the public and out of reach of children.
- Be aware of needlestick injury procedures (see below).
- Dispose of sharps boxes securely and safely for example via the LA’s clinical waste contractor.

Discarded Needles

If discarded needles are found fairly frequently within the grounds of the establishment, you should undertake a risk assessment.

1. Discuss the matter with relevant staff to discover particular problems. Have a needle finds reporting system. This will help you gain a true picture of the problem, identify the most likely places/locations where the risks are highest, and where additional precautions and controls may be required.
2. Decide who could be harmed and how – which employees (and others such as pupils, visitors and contractors) might be exposed to contaminated needles and how this might happen.
3. Assess the likelihood of exposure to contaminated needles and decide if existing precautions are enough or whether more should be done.
4. Record your findings.
5. Review and revise your risk assessment, if there are significant changes, if somebody is injured or as part of your ongoing health and safety management system.

Preventing or Controlling the Risk of Discarded Needles (in addition to general handling precautions above)

1. Take the view that all needles found could be potentially infected, therefore the risk will need to be managed
2. Ensure that employees and line management understand the risks through proper information/instruction, training and supervision. They need to understand the risks involved, what to do if they find needles, reporting procedures, what to do in the event of injury.
3. Designate a member/members of staff to check high risk areas on a regular basis.
4. Provide appropriate equipment for handling and disposing of sharps eg:
 - Tools for picking up needles eg pincer tools/tongs/litter picker/tweezers/dustpan and handbrush.
 - Sharps boxes conforming to current UN standard 3291 and British Standard 7320.
 - Gloves designed to protect against needlestick injuries. (Gloves should not be relied upon to give adequate protection on their own, but used as secondary protection in the case of accidental contact/puncture wounds.

Discarded Needles: Information for Employees

- Be alert! Look for obvious needles before handling waste.
- Avoid putting hands in bins.
- Always wear suitable gloves – even when using tools to move needles. Gloves should not be relied upon as giving total protection – but can help resist punctures in case of accidental contact.
- Sweep up needles with a dustpan and brush or use a pincer tool.
- Take the sharps box to the needle not vice versa. On discovering a needle in school grounds, guard the needle and summon help from the school office (by phone, radio or by sending a pupil etc). Request that the sharps box, necessary tools and gloves be brought to the location. Try to put the sharps box on an even surface before depositing the needle. **(DO NOT CLOSE THE BOX UNTIL FULL)**
- Follow general handling precautions for all sharps (above).
- Inform your line manager as soon as possible of any needles found.

Needles used by pupils for medical conditions

Needles used for medical conditions are potentially hazardous. School staff should ensure that there are appropriate arrangements and procedures for storing, administering, supervising and disposal of all medicines including those that involve use of sharps. In addition sharps used for medication must be subject to the general handling precautions for all sharps provided above.

Human Bite Injuries

Wounds from human bites (or from fights where teeth break the skin), may be infected with bacteria or, much less commonly, with viruses. Medical advice should be sought immediately for human bites that break the skin. (See Needlestick Injuries and Human Bite Wound Procedures). Immunocompromised individuals are at risk of developing particularly severe infections.

See Appendix 1 for Discarded or Used Needlestick Injury/Human Bite Wound Procedures

For Needlestick Risk Assessment please refer to [staff share/admin/risk assessments](#)

5. Pupils with Long-term or Complex Medical Needs

Parents or carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHCP) or Educational Health and Care plan (EHC). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

6. Admissions

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an IHCP and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

7. Emergency Procedures

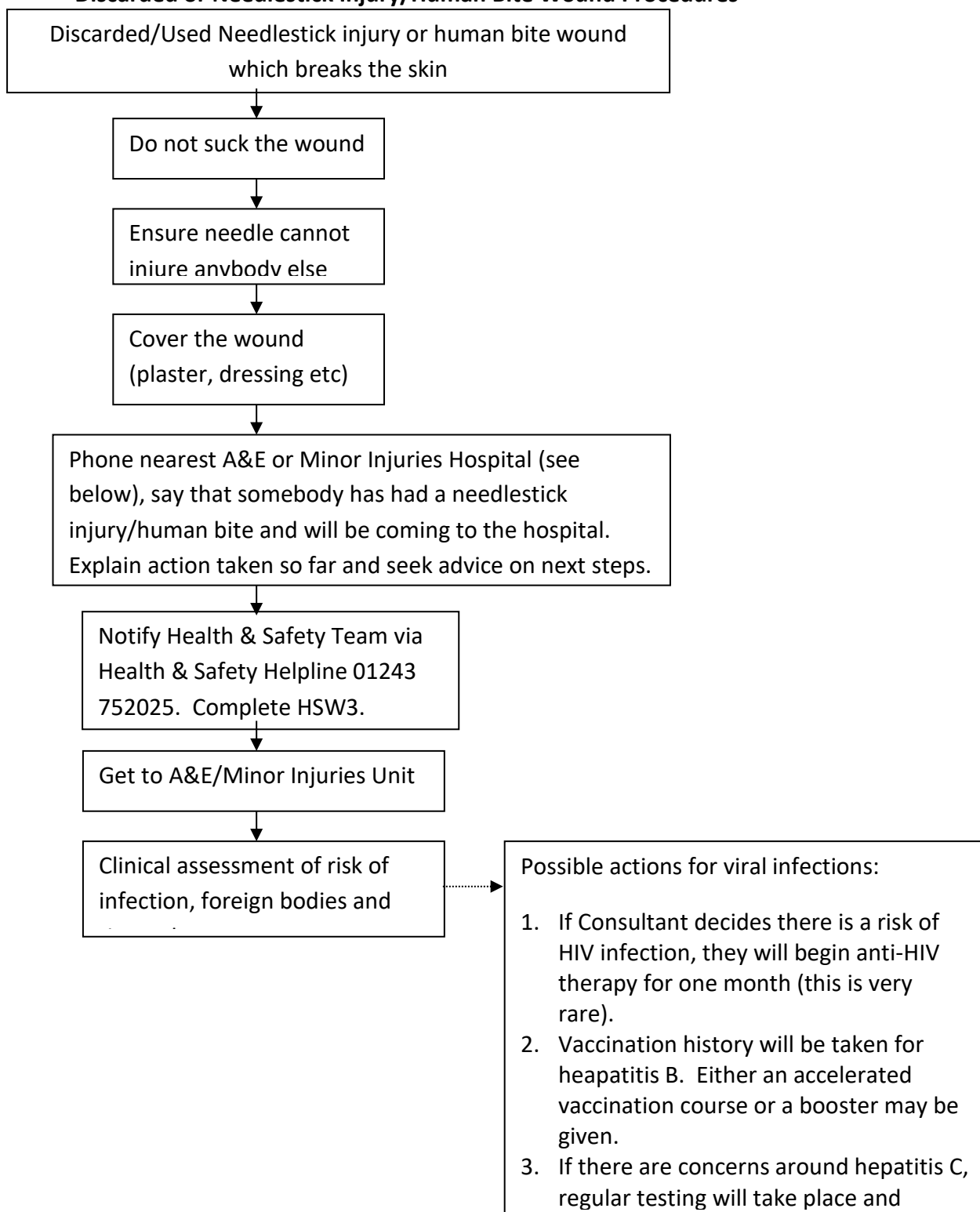
In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHCP, the emergency procedures detailed on the plan are followed, and a copy of the IHCP is given to the ambulance crew. IHCP's will also be given to those companies and staff providing transportation of pupils to and from school, in order that the IHCP can be passed to the ambulance crew in the event of an emergency.

8. Insurance Arrangements

Staff are covered by the school's insurance through West Sussex County Council. If additional cover is needed for more complex conditions this will be arranged.

This policy will be reviewed annually.

Discarded or Needlestick Injury/Human Bite Wound Procedures



Hospitals with A&E (24 hr) Depts

Brighton – The Royal Sussex County Hospital - 01273 696955
Chichester – St Richard’s Hospital – 01243 788122
Crawley – Crawley Hospital – 01293 600300
Haywards Heath – The Princess Royal Hospital – 01444 441881
Worthing – Worthing Hospital – 01903 205111

Hospitals with Minor Injury Units

Bognor Regis – Bognor Regis War Memorial Hospital – 01243 865418
East Grinstead – Queen Victoria Hospital – 01342 410210
Horsham – Horsham Hospital – 01403 227000
Littlehampton – Littlehampton Hospital – 01903 717101
Rustington – Zachary Merton Hospital – 01903 858100