



Equality Impact Assessment (EIA) Part 1: EIA Screening

Policies, Procedures or Practices:	Managing Medical Needs	DATE:	November 2019
EIA CARRIED OUT BY:	Katherine Marks	EIA APPROVED BY:	Governors

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)		
Disability (physical and mental disability, learning difficulties; issues surrounding access to buildings, curriculum and communication)		
Gender reassignment (transsexual)		
Marriage and civil partnership		
Pregnancy and maternity		
Racial groups (consider: language, culture, ethnicity including gypsy/traveller groups and asylum seekers)		
Religion or belief (practices of worship, religious or cultural observance, including non-belief)		
Sex (male, female)		
Sexual orientation (gay, lesbian, bisexual; actual or perceived)		

Any adverse impacts are explored in a Full Impact Assessment

FRENCHAY C OF E PRIMARY SCHOOL

Believe, Belong, Become

POLICY FOR MANAGING MEDICAL NEEDS

1 – Statement

The 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.

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.

For EYFS children please also refer to the statutory framework for more guidance. Managing Medical needs in school is in line with the S Glos Council Education Service guidelines.

2 — Definitions

2.1 **Short term medication** — medication which is needed to allow a pupil to return to Frenchay Church of England Primary School following an absence due to sickness where medication is required to complete a course e.g antibiotics and where administration will be required for a week or less.

2.2 **Long term medication** — medication required to manage a long-term medical need i.e asthma, epilepsy where administration will be required for an extended period.

2.3 **Specific Medical Conditions** – where plans need to be in place i.e: Emergency for the welfare of the child and awareness of the condition for the whole school community

3 – Procedures

3.1 Overall responsibility for the implementation and reviewing of the Managing medical needs policy will be the Head Teacher of the school.

3.2 Responsibility for ensuring sufficient staff are suitably trained is the Head Teacher of the school. The Head Teacher will ensure that all the relevant staff are aware of a child's conditions by communication by South Glos email system, staff meetings, Teaching Assistant meetings and individual conversations. Information shared will be confidential with only the relevant persons involved.

3.3 In the case of a staff member being absent who is directly involved with a child the Head Teacher, Senior Leadership Team and/or SENCo will put cover arrangements in place and will be responsible for briefing supply teachers and appropriate adults working with the child.

3.4 The school in conjunction with the Head Teacher and Class Teacher will be responsible for ensuring that all relevant risk assessments have been undertaken and are in place to ensure that the child will be able to fully access any school trips and other activities outside of the normal timetable.

3.5 If the medical condition requires a Health Care plan to be put in place then this will be drawn up and agreed between the School Administrator in consultation with the Head Teacher, Class Teacher, SENCo, Parents, School Nurse and any other relevant parties. The Health Care plan will be reviewed annually between the Class Teacher, Parents and Head Teacher.

3.6 Parents should be aware that the school is unable to administer medication to children 12 or under without the written permission of parents and information on the child's medical need and the medication required. Parents must complete a Request to Administer Medication Form (Appendix 2).

3.7 Administration by school staff is purely voluntary and the school is under no legal obligation to administer medicines.

3.7.1. For short term medication the school will look at individual requests but will only administer medication when agreed by the Head Teacher and only when a written request is received. Short term medication such as antibiotics will not be issued by school staff these should be administered by the parent/carer.

3.7.2. For long term medication where there is a health plan drawn up by health professionals, the school will endeavour to establish individual staff who are willing to administer regular or emergency medicines. The identified staff will receive specific training from the School Nurse.

4 Managing Medicine

4.1 No pupil is allowed to keep prescription or non-prescription medicines, including cough/throat sweets, in school. Asthma medication should be kept in the class, cough/throat sweets should be given to the teacher and all other medicines must be handed into the office.

4.2 Assessment of Request to Administer Medication.

Parents must complete a request to administer medication form from the school office and hand over the medicine and form in person to ensure office staff can ask any relevant questions. The Headteacher or members of the Senior Management Team will establish if there is a member of staff willing to administer medicine following receipt of a request form.

Staff will only be deemed competent to administer oral medicine. For eye drops or ear drops parents will need to decide for themselves if the staff member willing to administer them is competent. No other form of administration can be carried out without specific training. If there is no member of staff willing to administer medicine as requested, then parents will be informed that the request has been turned down. Parents will need to seek alternative arrangements for the administering of the medication.

The school will keep medicine under the correct conditions i.e. in the fridge; other medicines will be locked in the medicine cabinet. Arrangements will be put in place for children who are competent to manage their own health needs and medicine.

4.3 All staff will have training annually in how to administer an epipen. (Also see Allergy Policy)

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

4.5 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.

- The Head Teacher 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.
- 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).
- 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.
- School staff training needs will be identified.
- Healthcare professional commissions or delivers appropriate training and staff are signed off as competent. A review date for the training will be agreed.
- The IHCP will then be implemented and circulated to all relevant staff.
- The IHCP will be reviewed annually or when the medical condition changes. The parent or healthcare professional will initiate the review.
- 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.

5 – Individual Healthcare Plans

5.1 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 Head Teacher will take the final view.

5.2 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.

5.3 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 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 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 whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician.

6 – Roles and Responsibilities

6.1 Governing body

- Must make arrangements 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.

6.2 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 (including first aiders) 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.

6.3 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.

6.4 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.

6.5 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.

6.6 Pupils

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

6.7 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.

6.8 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.

7. Staff Training and Support

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

7.2 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.

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

7.4 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.

8. Child's Role in Managing Their Own Medical Needs

8.1 Where a child is deemed competent to manage their own health needs and medicines, this should be reflected in their IHCP.

8.2 Wherever possible children will be allowed to carry their own medicines and relevant devices, and to access their medicines for self-medication quickly and easily, but with an appropriate level of supervision.

9. Managing Medicines on School Premises

9.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

9.2 All medicines will be safely stored in a location which is known and accessible.

9.3 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.

9.4 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.

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

Records of Administration of Medicines

A Record of Administration of Medicines will be maintained in the school office. No member of staff should administer any medicine without first checking and then completing the Individual Medication Record Sheet.

10. Emergency Procedures

10.1 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.

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

11. Use of Emergency Salbutamol Inhalers

11.1 From October 2014 schools have been allowed to keep salbutamol inhalers and spacers for use in emergencies. Written/verbal permission is given by parents to use these in emergency situations.

12. Defibrillator Provision

12.1 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 not** have a defibrillator.

13. Day Trips, Residential Visits and Sporting Activities

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

13.2 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.

14. Unacceptable Practice

14.1 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 long-term 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.

15. Liability and Indemnity

15.1 Insurance provided by Zurich Municipal. Policy available from school office.

16. Complaints

16.1 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 can be found on the school website.

17. Approval and Review

17.1 This Policy was approved by the Full Governing Body.

Signed..... Chair of Governors

Date:

Review Date: November 2022

Please see Appendix 1 for Intimate Care policy

Policy for Intimate Care

Appendix 1

Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.)

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Frenchay CE Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Frenchay CE Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our approach to best practice

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility

for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult, unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented.

Wherever possible the same child will not be cared for by the same adult on a regular basis; ideally there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, whilst at the same time guarding against the care being carried out by a succession of completely different carers.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the Head Teacher who is the designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary. If a child makes an allegation against a member of staff, all necessary procedures will be followed.

Health and Safety

Health and Safety advice for schools can be found in the Health and Safety Handbook in the School office or on the South Glos Intranet.