



# Supporting Pupils with Medical Needs

Last reviewed: July 2024

Review date: July 2025

This policy has been written with regard to the following documents:

- Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', April 2014
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs Code of Practice

Most pupils will at some time have a medical condition that may affect their participation in school activities. For some this will be short term but for others, if not managed properly, it could limit their access to education.

Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and parents and pupils will be critical.

In our school the designated people with responsibility for coordinating the day to day management of pupils with medical conditions are:

- Mrs Kirsten Reid (SENCO)
- Mrs Deb Edwards (Children and Families Officer)

The person responsible for overseeing the management of these pupils is Mrs Jane Tyers (Head Teacher)

### **Parents and Carers**

- The Education Act 1994 states that parents are a child's main carers. They are responsible for making sure that their child is well enough to attend school. Children should be kept at home when they are acutely unwell.
- Parents are responsible for providing the Head Teacher with sufficient information about their child's medical condition and treatment or special care needed at school.
- Parents, together with the Head Teacher should reach an agreement on the school's role in helping their child's medical needs.
- Parental permission will always be sought before passing on any information to an external agency. The School Health Service will provide assistance to parents who have difficulty in understanding how best to support their child's medical need.
- The religious and cultural views of parents will always be respected.

### **Governing Body**

The governing body will make sure that arrangements are made to support pupils with medical conditions in school. It will ensure that this policy is developed and implemented.

### **Head Teacher**

The head teacher is responsible for developing and effectively implementing this policy. She will ensure that all staff are aware of it and understand their role in its implementation. The head teacher will make sure that sufficient trained staff are available to implement the policy, including in contingency and emergency situations. The head teacher is also responsible for contacting the school nursing service in the case of any child 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.

## **Teachers and other school staff**

Teachers who have pupils with medical needs in their class will understand the nature of the condition, and when and where the pupil may need extra attention. They will be aware of the likelihood of an emergency arising and what action to take if one occurs.

## **School nurse and other qualified health professionals**

The school will receive support and advice as necessary from the following:

- The local health authority
- The school health service
- The school nurse
- The general practitioner (with the consent of the child's parents)
- The community paediatrician

## **Medical Needs Folders**

Each class has their own Medical Needs folder to store information about specific children. The folder contents are as follows:

- Copies of the policies
- Current SEN list, Medical Needs list and Asthma list
- Individual school care plans
- Asthma plans and consents

## **Short term medical needs**

At times it may be necessary for a child to finish a course of medication at school however, where possible, parents will be encouraged to administer the medicine outside school hours.

Medicine will only be administered by school staff in special circumstances and at the complete discretion of the Head Teacher.

In short term cases a basic record of medication and parent consent form will need to be completed and signed (Form 1).

## **Long term medical needs**

The school will draw up a written health care plan (Form 2) for pupils who have long term medical needs. The designated people with responsibility for drawing up such plans are those with responsibility for the day to day coordination of the management of pupils with medical needs (listed above).

## **Individual healthcare plans (Form 2)**

Individual healthcare plans will help to ensure that the school is effectively supporting pupils with medical conditions. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed but all plans will provide clarity about what needs to be done, when and by whom.

Consideration will be given to the following:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies. If a child is self-managing their own medication this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs and expectations of their role
- Who in the school needs to be aware of the child's condition and the support required
- Written permission from parents and the Head Teacher for medication to be administered by a member of staff, or self-administered by individual pupils during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of normal school timetable that will ensure that the child can participate eg risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including whom to contact, and contingency arrangement

Those who may need to contribute to the plan are:

- the Head Teacher
- the parent/carer
- the child (if appropriate)
- class teacher
- teaching assistant
- SENCO
- School staff with responsibility for administering the medication
- School health service, GP or other healthcare professionals

Where a child has an Education, Health and Care Plan (EHC Plan) the individual healthcare plan should be linked.

Copies of individual healthcare plans will be held in the pupil's classroom, the staff room and the main office.

### **Administering medication**

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. They will be closely supervised by a designated member of staff. If it is not appropriate for a child to self-manage, then relevant staff will administer medicines and manage procedures for them. Staff will follow basic hygiene procedures when administering medicines. They will wear protective disposable gloves when dealing with blood or other bodily fluids. Care will be taken when disposing of dressing or equipment.

Medication will only be administered during school hours if the school has obtained written consent from parents.

Written consent will cover:

- The name of the medication
- The condition that it is being administered for
- The dose
- The method of administration
- The time and frequency of administration
- Other treatment
- Any possible side effects
- The agreement of the school to administer the medication
- Who will administer the medication

- The name of the designated staff member to administer and a second and third designated person in case of absence
- Date that appropriate training for the designated member of staff will be/was completed

### **Refusing medication**

If a child refuses to take medication, the school staff will not force them to do so. The school will inform the child's parents as a matter of urgency.

### **Storage**

When the school stores medication it will be labelled with the name of the pupil, the name and dose of the medicine and the frequency of the administration. Where a pupil needs two or more prescribed medicines, each will be kept in a separate container.

Pupils will know where their medication is stored. This will be a secure place, not accessible to children.

Asthma inhalers are allowed to be carried by the pupils. Each classroom will have a designated area where inhalers are stored. This will be accessible to children.

### **Disposal of medication**

Parents must collect medicines held at school at the end of each half term. Parents are responsible for the disposal of unused or out of date medicines.

### **Emergency procedures**

Allocated staff will be given regular training in First Aid and all staff know how to call the emergency services. A pupil taken to hospital by ambulance will be accompanied by a member of staff until their parents arrive.

## **Administration of rectal diazepam in epilepsy and febrile convulsions, and the anaphylaxis procedure**

This requires specific training and procedures

### **Sporting Activities**

Children with medical needs are encouraged to take part in sporting activities appropriate to their own abilities. Any restrictions on a pupil's ability to participate in PE will be included in their individual healthcare plan. Where a child might need to be allowed immediate access to their medication before or during exercise, precautionary measures will be taken. Teachers, including those from external agencies, will be made aware of relevant medical conditions and emergency procedures.

### **School Trips**

Supervising staff will be made fully aware of any medical needs, and relevant emergency procedures. If it is deemed necessary the school will arrange for additional adults to accompany particular children. If there are concerns about whether the school can provide for a pupil's safety, or the safety of other pupils on a trip, they will seek medical advice from the relevant healthcare professionals.

The school will make arrangements for the inclusion of pupils in external activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

The school will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from healthcare professionals who are responsible for ensuring that pupils can participate.

### **Religious Faith**

Some members of some religious faiths are opposed to the administration of certain medicines even in emergencies. These beliefs will be respected and highlighted in the appropriate Healthcare Plans for individual children.

## **Insurance**

The governing body will ensure that the appropriate level of insurance is in place. Individual cover may need to be arranged for health care procedures associated with more complex conditions.

## **Complaints**

Where parents or carers are dissatisfied with the support provided for their child they should discuss their concerns directly with the school. If this doesn't resolve the issue they may make a formal complaint via the school's complaints procedure. Making a complaint to the Department for Education should only happen after other routes have been followed.

## **Reviewing the policy**

This policy will be reviewed by the SENCO in July 2025

Signed \_\_\_\_\_ (Head Teacher)

Date

Signed \_\_\_\_\_ (SENCO)

Date

Signed \_\_\_\_\_ (SEN Governor)

Date