



## Pupil with medical needs Policy

Date of Policy: March 2022

Date of Review March 2024

Committee CVS

### **Pupils with Medical Needs**

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medicine. Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having medical needs. Most of these children will be able to attend school regularly and take part in normal school activities. This policy outlines responsibilities and procedures for supporting pupils at Carrington Primary and Nursery School who have medical needs. Some children with medical conditions may be disabled and/ or may have special educational needs (SEN). For these children this policy should be read in conjunction with the Special Educational Needs and Disability Policy.

The aim of this policy is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

### **Children and Families Act 2014**

The Children and Families Act 2014 includes a duty on schools to support children with medical conditions. This is inclusive of children with diabetes. Schools must make arrangements for supporting pupils at schools with medical conditions and in meeting that duty they must have regard to the statutory guidance issued by the Secretary of State

### **Roles and responsibilities**

The headteacher is responsible for reviewing and overseeing the implementing of this policy. The SENCO is responsible for overseeing individual plans, EHCPs, staff training, communication about need and monitoring progress against targets.

Staff are responsible for implementing adjustments to curriculum delivery, day to day safety, communication with cover staff and giving any medicine they have permission and training to administer. Other professionals have responsibility to advise and train. Parents are responsible for providing up to date and accurate information about their child's medical condition. Children can support plans and provide feedback about the impact of their medical condition.

### **Support for pupils with Medical Needs**

Parents or guardians have the prime responsibility for their children's health and should provide the school with information about any medical condition. Pupils with medical needs may need additional support to access the curriculum or day to day life in school, including emotional support. Once those needs have been assessed (with outside agency support if necessary) and understood, support will be offered at an appropriate level.

There is no legal duty which requires school staff to administer medicine; this is a voluntary role. Staff who provide support for pupils with medical needs or who volunteer to administer medicine will require access to relevant information and training.

### **Short Term Medical Needs**

Parents should make school aware of any short-term medical need, especially when alternative arrangements are needed to enable children to participate in day to day school life. Any child with a broken limb should be risk

assessed before attending school. Risk assessments should be undertaken at other times when the child's medical condition necessitates special arrangements. Parents should consult staff before attending school. Risk assessments and special arrangements should be shared with relevant staff, the child and parents.

### **Long term Medical Needs**

The school needs to know about any medical needs before a child starts school, or when a pupil develops a condition. The school will need to know:

Details of the condition

Special requirements

Medication and any side effects

What to do, and who to contact in an emergency

Contact details of medical professionals working with the family

The role the school can play

Where medical needs have an impact on access to school life or the curriculum regular reviews of provision should take place and provision maps put in place to ensure the child's needs are met. Adaptations to the school environment should also be considered if required. Where necessary, an EHCP should be applied for. See our SEN policy for further details.

### **Life threatening conditions**

If a child has a life-threatening condition school will work with parents and the appropriate agencies to allow the child to access a full curriculum, making adaptations to ensure the child remains safe. Where there is a terminal diagnosis, school will work with the educational psychologist to put in place plans to support the child, their family and the rest of the school community.

### **Medication**

Medication should only be taken to school when absolutely essential. It is helpful if, where possible, medication can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents should ask the prescribing doctor or dentist about this. However, the school recognises that sometimes children do need to take medicines in school time. If this is the case, there has to be prior written agreement, on the request form, from parents for any medication, prescribed or non-prescription, to be given to a child. This written agreement must also include the dosage. Medicines must be handed over to the office in a named container.

### **Non-Prescription Medication**

The school will not generally give non-prescribed medication to pupils. If a pupil regularly suffers from acute pain, such as migraine, parents should supply and authorise appropriate pain killers for their child's use, with written instructions. On residential visits, the school will send a letter prior to the visit to ask permission from parents to administer children's pain killers, such as Calpol, should the need arise whilst the child is away from home.

### **Administering Medicines**

No pupil under 16 should be given medication without parental consent. Authorised personnel should check:

Pupil's name

Written instructions provided by parents or doctor

Prescribed dose

Expiry date

### **Self - Management**

It is good practice to allow pupils who can be trusted to do so to manage their own medication from an early age. With this aim in mind, and for reasons of immediacy, children with inhalers will be expected to administer the required dose themselves. At the teacher's discretion, children may also carry their inhaler or keep it in their drawer. Other inhalers should be kept in the classroom in a safe place known and accessible to the children. All inhalers must be named. Children are reminded not to share inhalers.

### **Refusing Medication**

If pupils refuse to take medication, the school will not force them to do so and will inform parents immediately.

### **Record Keeping**

Parents are responsible for supplying information about medicines and for letting the school know of any changes to the prescription or the support needed. Parents/carers are responsible for ensuring any medication kept in school is contained in the original packaging, within the expiry date and to replace any medication with a replacement before expiry. Staff administering medication will keep records of dosage and time.

### **Storing Medication**

Our pediatric first aider monitors medication storage. Any medication should be in a container that is labelled with the name of the pupil, name and dose of the drug and frequency of administration and within expiry date. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non-health care staff should not transfer medicines from their original containers.

Medicines are kept locked in the medicine cabinet in the classroom or when necessary in the staffroom fridge, in a clearly labelled container. This fridge is restricted access.

### **Disposal of Medicines**

The school does not dispose of medicines. Parents should collect medicines held at school and are responsible for the disposal of out-of-date medicines.

### **Hygiene Control**

Staff are familiar with normal precautions for avoiding infection and should follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment. There is a sharps box in the medical room.

### **School Trips**

Pupils with medical needs are encouraged to participate in visits. Staff should be made aware of any medical needs so adaptations can be made and arrangements for taking any necessary medication put in place. Sometimes an additional adult might accompany a particular pupil. There may also be the need to undertake a risk assessment for a particular child.

### **Sporting Activities**

Our PE and extra-curricular sport is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. Adaptations should be considered so all children can participate. Some pupils may need to take precautionary measures before or during exercise and be allowed immediate access to their medication if necessary, inhalers for example. Teachers supervising sporting activities are made aware of relevant medical conditions.

### **Children with a medical need who cannot attend school**

Children with some medical needs may not be able to attend school on a regular basis or may have frequent visits to see medical professionals. Medical appointments should be given an 'M' in the register to ensure absence is logged appropriately.

If a child is well enough to work, and will be absent from school for more than a week, school should support with work at an appropriate level. If the child is in hospital or has a condition which requires staying at home for long periods, the child should be referred to the hospital and home education team who can support either in hospital or at home. Once the child is ready to return to school, school should work alongside hospital home education to ensure smooth transition.

### **Emergency Procedures**

A pupil taken to hospital by ambulance will be accompanied by a member of staff and parents are informed immediately. Generally staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.

### **Health Care Plans**

Some children require a health care plan to identify the level of support that is needed at school. The plans may identify specific training needed by staff. Staff should not give medication without appropriate training.

Training is given on an individual child basis, by the local health authority (usually the school nurse). **A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is shown in Appendix 1.** See SEN policy.

### **Transition**

Once school has been notified about a child with medical needs is transferring to school, a meeting should be set up between parents, other professionals and school staff so that information is shared, a plan made and transition can take place smoothly.

If a child is transitioning to another school, including key stage two to key stage three, a review meeting should be set up with the new school and information passed over so that transition is smooth.

### **Safeguarding**

Safeguarding concerns about a child with medical needs should be raised with the DSL in the appropriate way. Some children with medical needs are more vulnerable to abuse than other children so staff should be alert to any concerns.

### **Data Protection**

All records will be maintained in accordance with our data protection policy and retention schedule.

### **Policies which should be referred to alongside this policy**

SEN

Safeguarding

Intimate care

## Appendix 1

### A flow chart for identifying and agreeing support for a child with medical needs and developing an individual healthcare plan

