



# Policy for supporting pupils with a medical condition

**Person responsible: Head teacher**

**Ratified by the governing body: Autumn 2021**

**Date for review: Autumn 2023**

A handwritten signature in black ink, appearing to read 'Anne-Marie Renshaw', is positioned below the text.

**Reverend Anne-Marie Renshaw**

**Chair of Governors**

## **Definition**

Pupils' medical needs may be broadly summarised as being of two types:

- (a) **Short-term**, affecting their participation in school activities which they are on a course of medication.
- (b) **Long-term**, potentially limiting their access to education and requiring extra care and support

## **School Ethos**

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Messing Primary School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, peers within the class).

## **Our Aims**

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records

## **Unacceptable Practice**

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers; ignore medical advice
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine where this interrupts their working day
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part

## **Entitlement**

Messing Primary provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs, as follows:

Employees may:

- Choose whether or not they wish to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with medical conditions

## **Expectations**

It is expected that

### **Parents will:**

- inform school of any medical condition which affects their child.
- supply the school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- ensure that medicines to be given in school are in date and clearly labelled
- co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible.
- ensure that they or another nominated adult are contactable at all times.

### **School staff will:**

- liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training in the interests of the pupil.
- liaise with medical professionals involved in the care of children with medical needs so that they are fully inform beforehand of the child's condition, its management and implications for the school life of that individual.

- Ensure that transitional arrangements between schools will be completed in such a way that Messing Primary will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare.
- Individual Healthcare plans will be written, monitored and reviewed at least annually and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals

**The local authority and Clinical commissioning group will:**

- make joint commissioning arrangements for children with medical needs and have a duty to promote cooperation between the relevant partners. This will include commissioning of school nurses, providing support, advice and guidance for educational settings or providing alternative arrangements for children and young people who are not able to attend the education setting for medical reasons.

**Child and Young Person (CYP) involvement**

- All children and young people with medical and health needs will be included in meetings and have the opportunity to express their own thoughts and feelings. They will be encouraged to provide their consent for each identified health or care procedure and intervention when appropriate to do so.
- Messing Primary will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
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**Procedure**

The Local Governing Body of Messing Primary ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions.

**Information**

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in the staffroom, office, classrooms and on the First Aider at lunchtimes. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be provided to class teachers annually.

**Risk assessment**

Messing staff will undertake a risk assessment with the support of parents, the child or young person and any appropriate health professionals. The risk assessment process should clearly identify:

- Any risks around the healthcare needs and the impact of these on the child or young person and others
- Control measures to manage the risks
- Any training needs, including who will need to be trained, to what level and by whom
- Measures in place to maintain the privacy and dignity of the child or young person
- All environments the child may access whilst under the care of the setting, including trips, visits, sports activities, and transport arrangements .

### **In an emergency**

In a medical emergency, a named number of teachers and teaching assistants have been appropriately trained to administer emergency paediatric first aid if necessary. (See Appendix 1)

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

### **Administration of medicines (to be read in conjunction with the First aid policy)**

Only essential medicines will be administered during the school day. These will be only those prescribed by a doctor. Parents must submit a written permission slip before any medicine is administered. Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

Non-prescribed medicines e.g. Calpol, paracetamol, can also be administered, providing written consent from parents has been obtained beforehand, or in special circumstances verbal permission from parents over the phone can also be obtained.

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Named staff members will give medicines. Before administering any medicine, staff must check that the medicine belongs to the child, must check that the dosage they are giving is correct, and that written permission has been given. Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. All doses administered will be recorded in the Administration of Medicines Folder (located in the school office).

All medicines will be stored safely in a locked cabinet. Medicines needing refrigeration will be stored in the Staff Room fridge. Some medicines (for individual children) will be kept locked in the child's classroom, for ease of access. All medicines must be clearly labelled.

Controlled drugs or prescribed medicines will be kept in a locked cabinet. Access to these medicines is restricted to the named persons. In the case of Epi-Pens all staff have access.

Staff will record any doses of medicines given in the Administration of Medicine Folder. Children self-administering asthma inhalers will need to be recorded to monitor dosage and frequency of usage. Inhalers are kept in classrooms. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

### **Complaints**

Should parents be unhappy with any aspect of their child's care at Messing Primary, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Messing Primary Complaints Procedure.

**Trained Staff**

Paediatric First Aid / First Aiders:

Name	Paediatric first aid.
Sarah Robertson	
Ursula Gooday	
Helen Lewis	

Named people for administering medicines: (See Administration of Medicine Folder)

Mrs Gooday

Mrs Lewis

Miss Robertson

Mrs Halliday