



Medical Needs Policy

Approved by Governors – Nov 2024

To be reviewed at least every two years

Review Date: Nov 2026

Governor print _____

Governors signed _____

Date _____

Rationale

School Admission procedures give priority to pupils with an Education and Health Care Plan (EHCP). It is recognised that this may include a child with long or short-term medical needs. In addition, at any one time there may be in the school a number of pupils with medical needs, either short or long-term. This policy sets out the provision and duty of care for these children.

Introduction

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- We recognise that medical conditions may impact on social and emotional development as well as having educational implications.
- Our school will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with medical condition

Roles and Responsibilities

The Named Person responsible for children with medical conditions is the school SENCo.

This person is responsible for:

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessment for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans
- Working together with parents, pupils, healthcare professionals and other agencies

The Governing Body is responsible for:

- Ensuring there is a clear policy in place for supporting pupils with medical needs
- Ensuring that arrangements are in place to support children with medical conditions.

The Headteacher is responsible for:

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured
- Risk assessments incorporate a consideration of arrangements required to support a child's medical condition, particularly if the child is offsite.

Teachers and Support Staff are responsible for:

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in IHCP
- Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.

The School Nursing Team is responsible for:

- Notifying the school when a child has been identified as having a medical condition which will require support in school. (Wherever possible this should be done before the child starts at our school.)
- Providing support for staff on implementing a child's Individual Healthcare Plan and providing advice and liaison including training

Procedure when notification is received that a pupil has a medical condition

- The named person will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child
- Where appropriate, an Individual Healthcare Plan (IHCP) will be drawn up
- Appendix A outlines the process for developing Individual Health Care Plans (IHCPs)

Individual Health Care Plans (IHCPs)

- An IHCP will be written for pupils with a medical condition that is long term, complex and have an impact on their learning.
- It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency clarity
- Where a child has SEN but does not have a statement or Education Health Care Plan (EHCP), their special educational needs will be mentioned in their IHCP
- IHCPs will be reviewed annually, or earlier if evidence is provided that a child's needs have changed
- Plans are drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, health visitor or specialist, who can best advise on the particular needs of the child. Pupils will be involved whenever appropriate.

Individual Health Care Plans will include the following as appropriate:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) 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
- 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 counselling sessions;
- the level of support needed (children (age appropriate) should be encouraged to manage the administration of their medicine under supervision), including in emergencies;
- arrangements for monitoring administration including supervised self-administration
- who will provide this support and cover arrangements for when they are unavailable
- who in the school needs to be aware of the child's condition and the support required;
- written permission from parents 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
- 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 arrangements

Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHCP.

Medical Conditions (which are not 'long term and complex')

Where a child is in school and they are required to take medication due to illness e.g. antibiotics for chest infection, the school ensures that there is a first aider available to write a school care plan which details their needs, adjustment requirements and medication administration details. We follow the same procedures with regard to the administration of medication for such incidents – completing a care plan and a request and authorisation from parents to administer medication. Care plans are also completed if a child has a broken limb

(even where medication is not required). In some cases, a Personal Emergency Evacuation Plan (PEEP) and risk assessment may also be required. There is a separate policy for asthma and anaphylaxis in school.

Procedures

As soon as a child is offered a place at Joseph Turner, parents will be requested to supply any information about medical conditions which their child has so that an appropriate support plan and training can be put into place before the child starts at school. This may involve communication with any prior setting the child has attended and consultation with parents and health professionals. Where there is any difference of opinion between parents and health professionals as to required interventions, advice will be sought from other agencies including school health team and children's social care.

Where any child in school requires medication to be delivered during the school day, only medicines prescribed by a doctor or dentist will be administered.

Where a need is urgent, school will not wait for a formal diagnosis before providing support to pupils. However, in cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

If a child has a short-term medical need which necessitates absence from school, the parents/carers should inform the school and the school will provide work if the child is well enough so that their education does not suffer.

If a child has a longer term medical need which necessitates a longer period of absence from the school, the school will communicate with outside agencies to ensure there is a continuity of education at the appropriate level for the child. The school will provide work for children that are off sick for long periods of time and this will be met through discussion with the Pastoral Support Team (Family Support Advisor, Assistant and School Counsellor).

If a child has a lengthy absence from school because of a medical need, a case conference involving home, school and medical professionals may be required to discuss the child's reintegration into school. Strategies for reintegration may include a reduced timetable, provision to stay indoors at break times and pupil/staff buddies. Where there are frequent absences for medical reasons, an Early Help referral may be made to call a meeting to share information and agree how the situation can best be managed and as to whether any additional support is needed from health agencies.

If a child is absent or likely to be absent for SATs tests, the primary responsibility for exam entry remains with the school. The school will negotiate with the LA and any other agencies involved ensuring that the child's interests are addressed in this regard.

If a child has a medical need which does not prevent their attendance in school but may affect day to day routines or emergency procedures (e.g. epi-pen), it is the responsibility of parents/carers to inform the school in as much detail as possible so that the school can make appropriate provision on a day to day or emergency basis. Parents/carers complete medical information about their child on school admission forms and the information held is redistributed to all parents at the start of every academic year. Parents/carers are responsible of informing the school of any changes to the medical information held about their child. The school will endeavour to address any discrepancies with parents as they arise e.g. on completion of trip paperwork. All staff will have access to the pupils' medical details via SIMS and Cpoms.

No pupil will be excluded from school or extra-curricular opportunities because of his/her medical needs unless a risk assessment deems it necessary; in this case, every effort will be made to adapt an opportunity for the child's needs. It is the duty of parents/carers to ensure that the correct medical information is supplied in the case of residential visits on the appropriate forms.

Administration of medicines in school

- Written consent from parents must be received before administering any medicine to a child at school
- Medicines will only be accepted for administration if they are:
 - In-date
 - Labelled
 - Provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container.
- Medicines are stored safely in the first aid room cupboard or fridge, with the exceptions of epipens and inhalers which are stored in the relevant child's classroom out of reach of the children, allowing for quick access.
- Written records will be kept of all medicines administered to children.
- A member of staff will observe and support the administration of medicines. Pupils who are competent to manage their own health needs and medicines, after discussion with parents/carers, will be allowed to administer their own medicines under an appropriate level of supervision/support (this will be detailed in their ICHP). Where this is not appropriate, relevant staff will help to administer medicines and manage procedures for them.

If a child needs to take medication during the school day on a daily, regular, sporadic, emergency or seasonal basis, whether short or long term, parents/carers are asked to inform the school and to arrange to meet with the Lead First Aider (or named first aider) to complete an administration of medicines form using the school proforma. A separate form should be completed for each medicine required or medical condition.

Risks to pupils

In line with their safeguarding duties, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. The governors, therefore, reserve the right not to accept a child in school at times where it would be detrimental to the health of that child or others to do so. Guidance from the school nurse team is sought as required and this information is given to parents.

Confidentiality

Medical details provided should be treated as confidential and only shared with others with the parent/carers' consent on a need-to-know basis.

School staff and training

At Joseph Turner Primary, we have a number of trained first aiders who administer medication as required. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

Staff will be supported by the Head Teacher and SENCO, in conjunction with health professionals if needed, in carrying out their role to support pupils with medical conditions. School staff receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Children who can take their medicines themselves will still require an appropriate level of supervision and/or support. Where this is not appropriate, relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents are informed if a child refuses to take medication so that alternative options can be considered.

Staff receive training in order to carry out their role in supporting a pupil with medical needs. Further training and support is requested from the school health team as and when required. Training would be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

The School health team will be requested to provide specialist training where needed e.g. on epipens/diabetes management, continence care. Whole school awareness training, such as asthma and epi-pen training, will be held annually so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing it.

Parents

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's IHCP, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Local authority

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.

The Local Authority provides support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. The school will work with the Local Authority in order to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Providers of health services

The school recognises that Health Services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school and will take guidance as required.

Managing medicines on school premises

The governors' policy is that:

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Only medication booked into school and with the necessary paperwork completed by the child's parent/carer can be administered by staff.
- Medication, e.g. for pain relief, allergic reactions, rashes etc will only be given for long standing conditions or when there is an immediate need for the medication. The medication will only be administered following discussion with parents or healthcare professionals to establish whether it is needed and being used appropriately.
- Parents should be informed that, where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours i.e. at breakfast before school, after school and at bedtime.
- School staff are instructed to only accept medicines that are in-date, labelled, provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- With the exceptions of epipens and inhalers which are stored in the relevant child's classroom out of reach of the children, all other medicines will be stored safely in lockable medicine cabinets in the First Aid room out of the reach of children and with supervision arrangements whereby pupils cannot accidentally or deliberately access medication not intended for their use.
- The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school. School staff may administer a controlled drug to the child for whom it has been prescribed.

- Staff administering medicines should do so in accordance with the prescriber's instructions.
- School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. (Sharps bins are provided by the parents of the child requiring them and returned home when $\frac{3}{4}$ full and a new one requested).
- Parents should be informed if their child has been unwell at school and when medication has been required if it is not normally used on a daily basis

Emergency inhalers

In line with new legal guidelines effective from 1/10/14, the school will have sufficient spare inhalers to be used in an emergency situation. Staff will receive annual training by the school nurse team which covers advice regarding when emergency inhalers are needed and how they should be used for maximum effectiveness as well as when to call for emergency help if this treatment is not effective. The emergency inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty, or during emergency evacuation). There is a separate Emergency Inhaler Policy.

School has 4 emergency inhalers in school which are situated in KS1 wet area by exit doors, medical room, emergency evacuation bag and by Year 5 entrance/exit doors.

Emergency adrenaline auto-injector (AAI)

In line with guidelines effective October 2018, the school will have efficient spare adrenaline auto-injector (AAI) pens to be used in an emergency situation. Staff will receive annual training by the school nurse team which covers advice regarding when the emergency use of AAI's, when they are needed and how they should be used for maximum effectiveness, as well as advice regarding calling the emergency services. Emergency AAI can be used if the pupil's prescribed AAI is not available (for example, because it is broken, or empty, out of date, or discoloured or during emergency evacuation).

There is a separate Emergency Adrenaline Auto-Injector Pen Policy.

School has 2 emergency adrenaline pens which are located in classroom area where a child has a nut allergy.

Impaired Mobility/Conditions requiring adaptations to be made

Providing the approval of the GP or Consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school with appropriate risk assessments and control procedures. All professional advice and recommendations will be followed by the school.

Restrictions will be necessary on games or practical work to protect the child or others. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interest of safety and this will be recorded in a child's IHCP.

If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instruction and an indemnity on the subject of medical treatment, the school might decide that the pupil should not go on the journey. Where a parent has provided medication that meets the criteria as stated in the 'Administration of medicines in school' section, this will need to be included in the risk assessment.

Where a child's medical condition prevents them in participating in a school activity and this is certified by a doctor e.g. swimming, alternative arrangements will be made in school for the duration of that activity. However, unless certification is received exempting the child from the activity, it is assumed that, if they are in school, they are well enough for all activities planned.

Emergency procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Where a child has an IHCP, this 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. Other pupils in

the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

If in any doubt about a child's condition or there is any likelihood that a rapid deterioration could take place, the school should call an ambulance without delay and then notify parents.

Unacceptable practice

In line with new legislation from September 2014, the following practice is **unacceptable** and will not generally be tolerated at Joseph Turner Primary:

- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child or their parents; or ignoring medical evidence or opinion, (although this may be challenged);
- sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- requiring parents, or otherwise making them feel obliged, to attend school to administer prescribed medication or provide medical support to their child, including with toileting issues;
- no parent should have to give up working because the school is failing to support their child's medical needs;
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

However, staff should use their discretion and judge each case on its merits with reference to the child's IHCP and with regard to implications for the health and safety and supervision of other pupils.

Liability and indemnity

The governing body is responsible for ensuring that the appropriate level of insurance is in place and appropriately reflects the level of risk for staff providing support to pupils with medical conditions and administration of medicines. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer which is the Local Authority.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Equal Opportunities

The governing body has a duty towards disabled children and adults included in the Equality Act 2010, and the key elements are as follows:

- They must not discriminate against, harass or victimise disabled children and young people
- They must make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Contacts

School Nurse: 0121 612 2974

SENAT/Educational Psychology Team: 0845 3527 552

CAMHS (Child and Adult Mental Health): 0121 612 6620

Appendix A

