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Headteacher:  
**Mr IJ McDonald**

## **MEDICAL NEEDS POLICY**

**2022-23**

**Inclusion Team:** Mrs S Hewitt (Inclusion Manager) and Miss S Williams (Medical Needs Admin)

Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at school with medical conditions.

### **Aims**

***'The aim 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.'***

(Supporting pupils at school with medical conditions, Sept 2014)

In line with the aims and principles of the school's Mission Statement, we at Bishop Martin School are committed to meeting the medical needs of pupils and ensuring that they make progress whilst staying as healthy as possible. We are an inclusive community which aims to welcome and support pupils with medical conditions. We aim to:-

- Provide a curriculum which enables each child to grow in understanding, to acquire skills, attitudes and values that will provide a firm foundation for their future.
- Set high expectations for all our children and track progress regularly.
- Develop within our children, an understanding of their own self-worth, gifts and abilities within a warm, caring, Christian environment.
- Involve the child and the parents in the learning journey.
- Treat pupils with medical conditions with dignity and care, ensuring they are supported appropriately to be fully integrated into the life of the school.

At Bishop Martin we understand that parents of children with medical conditions are concerned and anxious when their child is in school. We aim to help parents to feel confident that school will provide effective support for their child's medical condition and that pupils feel safe. School will establish relationships with relevant local health services to help us to make decisions and provide appropriate support, taking individual needs into account. We will regularly seek advice from healthcare professionals and listen to and value the views of parents and pupils.

### **Objectives**

In order to achieve our aims and to ensure that children with medical needs achieve their full potential and make progress whilst staying as healthy as possible we will:-

- Ensure that the pupils with medical needs are identified as early as possible and properly supported so that they can play a full and active part in school life. This includes any out of school activities or extra-curricular activities.
- Ensure that the relevant documentation is in order to meet needs of the individual child and conform to the statutory guidance.
- Ensure that pupils and parents participate fully in the learning journey. Most importantly the pupil should be able to do this while staying as healthy as possible.
- Ensure good working relationships with parents/carers, health professionals and the community in order to make the most of the available resources to effectively to meet the needs of staff and pupils.
- Ensure that the school offers a broad balanced and differentiated curriculum that is accessible to pupils with medical needs and promotes high standards of attainment and achievement.
- Ensure all teachers and teaching assistants are trained appropriately and are involved in planning and meeting the learning needs of pupils with medical needs.
- Build a community of tolerance, respect and understanding.

### **What are medical needs?**

All children will experience illness in the course of their school life, most commonly transient self-limiting infections (common colds, ear/throat infections, coughs, viruses etc), but some will have more chronic or longer-term medical needs that will require additional support at school to ensure they have full access to the curriculum and to minimise the impact of their medical conditions.

### **Short-term illness**

Children who are suffering from short-term ailments and who are clearly unwell should not be in school and head-teachers are within their rights to ask parents/carers to keep them at home. There are recommended times away from school to limit the spread of infectious disease.

Children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

### **Long-term/chronic illness**

Pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

### **Managing medicines**

The administration of medicine is the responsibility of parents and carers. There is no absolute requirement on teachers or support staff to administer medicines. However, where they volunteer to do so, guidelines are helpful. On occasion, children may need to take medicines whilst in school. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Some children are on long term regular medication for chronic conditions may need to take emergency, preventative or relief medication to treat a change in their underlying condition. There are cases where the responsibility for managing their own medicine can and should rest with the child. Where parents request the school to exercise a degree of supervision, or administer medication there should be written permission. In some cases this will be part of an individual

healthcare plan which will be drawn up in partnership with parents/cares, pupils, relevant staff and relevant health agencies.

### **Storage of medicines**

School can only accept prescribed medicines that are **in-date, labelled and provided in the original container** as dispensed by a pharmacist 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. The medication **MUST** have been prescribed for the child to whom it is to be administered and school cannot administer medicine which has been prescribed for a sibling, even if symptoms are the same.

All medicines are stored safely. Children know where their medicines are at all times and can access them immediately. Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away. In some cases, controlled drugs need to be kept within the classroom for easy and quick access. The storage of these medicines is considered carefully by all relevant parties to ensure that risk to other children is minimised. Storage of medicines is particularly important when outside of school premises, eg on school trips. In this instance the adult responsible for carrying the medicine is noted in risk assessments and the child is notified.

School has two lockable medicine cabinets; one in each building. Relevant staff members are made aware of the location of keys and the contents of the cabinet. Training is given as appropriate.

### **Administration**

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will 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 will be noted.

### **Inhalers**

Children may be prescribed an inhaler for asthma or as a reliever medication. Parents/carers are required to sign a parental agreement for the use of inhalers in school, detailing self-administration or support required and the procedures to be followed in case of an emergency. Children know where their inhalers are at all times and can access them immediately.

**Emergency Salbutamol Inhaler** - From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. School have purchased two inhalers with valved holding chambers (spacers), one is kept in each building.

The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Staff have been trained on the use of inhalers and the protocols for use of the emergency inhalers.

### **Refusal**

When a child refuses to take medication or carry out a necessary procedure they are never forced. Staff will follow procedures set out in the care plan and notify the parents/carers of the refusal so that alternative options can be considered.

### **Training**

Training is given to staff by the relevant medical professionals as medical needs arise or when needs change, ensuring that staff are confident and have confidence in their ability to support pupils with their medical conditions. Medication changes may also require training and this will be arranged accordingly. The Inclusion team are responsible for how training needs are assessed and how and by whom training will be commissioned and provided.

School maintains records of those members of staff who have been trained in First Aid and Paediatric First Aid. In a medical emergency these members of staff will be called upon.

### **Individual health/care plans (IHPs)**

The aim of an IHP is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Individual healthcare plans can help to ensure that school effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher will make a final decision.

The care plan is ideally written in partnership with parents, children, Inclusion Team and relevant health professionals. It clarifies what school can actually provide and ensures that all involved are providing a consistent care for the child. IHPs should capture the key information and actions required to support the child effectively.

Where a child has Special Educational Needs these should be mentioned in the IHPs.

### **Roles and responsibilities**

**Governing body** – makes arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The governing body ensures that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

**The Headteacher** – ensures that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher ensures that

all staff who need to know are aware of the child's condition. The Headteacher also ensures that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans. They also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.

**The Inclusion team** - responsible for day to day monitoring of the procedures outlined in this policy.

**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. 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. 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.

**School nurses** – School works closely with the school nurse team. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. The school nurse may support staff on implementing a child's individual healthcare plan and provide advice. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. Where staff in school raise concerns to the appropriate senior staff about a child's health, referrals to the nursing team may be completed.

### **In an emergency**

In a medical emergency first aiders will be called upon to assess the situation. First aid treatment will be given as appropriate and a decision will be made as to whether an ambulance needs to be called. Parents will be informed of the medical emergency and the child's current state. If an ambulance is called any relevant information will be passed on to the ambulance crew and a member of staff will accompany the child in the ambulance if appropriate. In the event of a medical emergency the relevant staff would complete statutory/non-statutory documentation following the event and submit to the appropriate agency.