



Supporting Children with Medical Needs Policy 2024 -
2025

Introduction:

Most pupils at some time have a medical condition, which may prevent them from attending school. For the majority this will be short term. For pupils who have longterm or recurrent illness, access to school may be limited. 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. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010

<http://www.legislation.gov.uk/ukpga/2010/15/contents>. Where this is the case governing bodies must comply with their duties under that Act. Some children may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with our SEND Policy and the Special Educational Needs and Disability (SEND) Code of Practice.

Roles and Responsibilities:

The Executive Headteacher, in consultation with the Governing Body, staff, parents/carers, health professionals and the local authority will decide whether our school can assist a child with medical needs. Our school will monitor and review individual needs in order to meet the all-round needs of the child.

The Executive Headteacher is responsible for:

- Implementing the policy on a daily basis;
- Ensuring that the procedures are understood and implemented;
- Ensuring appropriate training is provided;
- Ensuring there is effective communication with parents/carers, pupils, staff and all relevant health professionals concerning pupils' health needs.
- Informing all staff, parents and pupils of the designated person with responsibility for medical care.
- The Headteacher will determine if medication is to be administered in school, and by whom, following consultation with staff.

School Staff and responsible for:

- All members of staff have a duty to maintain professional standards of care and to ensure that children and young people are safe.
- Staff will be informed by the Headteacher of any pupil's medical needs and any relevant changes. Laminated cards alert staff to the pupil's medical need. The cards are displayed in the staff room and other important locations.
- There is no legal duty requiring staff to administer medication or to supervise a child when taking medicines. This is a voluntary role.

Parents/carers are responsible for:

- Informing the school of their child's medical needs *any changes.
- Completing a Request to Administering Medicines form, when appropriate.
- Provide any medication in a container clearly labelled with the following:
 - The child's name
 - Name of medicine
 - Dose and frequency of medication
 - Any special storage arrangements
 - Ensure that medicines have NOT passed the expiry date.
 - Collect and dispose of any medications held in school when appropriate.

The Governing Body is responsible for:

- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions. They should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- The role of the governing body is further outlined in Appendix A.

Medical Need:

Where possible and appropriate, we expect parents/carers to administer medication to their children at home. On occasion, children may need to take medicines whilst in school. No medication will be administered without prior written permission from the parents/carers including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). All medicine will normally be administered during breaks and lunchtimes. If, for medical reasons, medicine has to be taken during other times of the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

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.
- If a child has been given liquid Paracetamol or Ibuprofen to reduce temperature or relieve pain, the school is entitled to question whether that child should be in school on that day.
- In the case of short term illness, the Request to Administering Medicines form (Appendix B) must be filled in and signed by the parent or carer before any medication is administered. Some parents may send children to school with nonprescribed medicines e.g. cough mixture, these will be administered at the discretion of the Headteacher.
- It is the responsibility of the parent/carer to deliver and collect the medicine from the school office daily.

Chronic Illness

It may be necessary for children with chronic / prolonged conditions to take long term prescribed medicines or may need to take emergency/as needed medication to treat a change in their underlying condition (e.g. antihistamine or an EpiPen for allergic reactions) during school hours. Where young children or those with special needs require medication, adult support will be needed. Whilst responsibility for the medical care of children rests with parents and their health professionals, it may not be feasible for these individuals to come to school to administer medicine.

- A Request to Administering Medicines form (Appendix B) must be completed. It may be necessary to complete an Education, Health and Care (EHC) plan; the school nurse service can assist with this process.
- Medi-alerts (bracelets/necklaces alerting others to medical conditions) may be worn in school but as with normal jewellery, these items are a potential source of injury in games or some practical activities and should be temporarily removed or covered with sweatbands for these sessions.

Acute Illness:

- The school has a general duty of care towards children in schools. Legally this duty cannot require staff to administer medicines, but it is expected that staff will react promptly and reasonably if a child is taken suddenly ill. In these cases a primary survey will be undertaken and appropriate action followed. Appendix C.

Impaired mobility:

- Providing the GP or hospital consultant has given approval, children can attend school with plaster casts or crutches. There will be obvious restrictions on games and on some practical work to protect the child (or others). This includes outside play.
- Some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interests of safety.
- A risk assessment will need to be completed by the school.

Administering Medication:

Storage All medicine, in the care of the school, will be logged onto the schools' file and kept in the following appropriate locations:

- Locked securely in the school office (short term non-fridge items)
- In the staffroom fridge in locked box (accessed via secure doors).
- In a safe classroom cupboard (inhalers etc)

Procedures:

- No medicine will be administered without a completed and signed Request to Administering Medicines form (Appendix B).
- Each time medication is given to a child, a member of staff, will confirm the following details:
- Name of pupil;
- Date and time of administration;
- Name of medication, prescribed dosage and expiry date;
- If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so;
- At the time of administration the staff member will complete and sign either:

The Administering Medicines record sheet (for short term medication) kept in the office)

Intimate or Invasive treatment:

- Intimate or Invasive treatment will only take place at the discretion of the Headteacher with written permission from the parents/carers and only under exceptional circumstances. Two adults, one of the same gender as the child, must be present for the administration of such treatment.
- Cases will be agreed and reviewed on an annual basis. All such treatments will be recorded.
- Governors will be informed at least annually of any intimate or invasive treatment carried out by school staff.

Refusing Medication

- If a child refuses to take their medication, no member of staff will force them to do so. Parents/carers will be informed as soon as possible via a telephone call and / or email.
- Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal and any action then taken by the staff member will also be recorded.

Self Administering of medication:

- For safety reasons, pupils are not allowed to carry medication in school.
- Inhalers may be kept in a safe classroom cupboard and clearly labelled with the pupil's name and dosage.
- There are cases where the responsibility for administering medicine can and should rest with the child (e.g. self-administering an asthma inhaler or giving own insulin injections). We support this practice wherever appropriate. Off site Educational and Residential Visits:
- To enable, as far as possible, all pupils to have access to all activities and areas of school life, a risk assessment will be undertaken to ensure the safety of all participants in educational and or residential visits.
- No decision about a child with medical needs attending/ not attending a school visit will be taken without prior consultation with parents/carers.
- Sufficient essential medicines and appropriate health care plans will be taken and controlled by the member of staff supervising the visit.
- If additional supervision is required for activities e.g. swimming, we may request the assistance of the parent/carer.

Training:

Teachers and support staff will receive appropriate training in order to administer some medical procedures such as EPIPENS.

Training for all staff will be accessed on a range of medical needs, including any resultant learning needs as and when appropriate. Details of all training will be recorded.

Absence due to Illness:

Short Term Illness:

As outlined in the school prospectus, parents/ carers should notify the school office with the reason a child's absence before 9.05 a.m. If a message is not received on the first day of absence, the school will phone home in order to ensure that the pupil is safe.

- When the child returns to school parents/ carers should send in a short, written explanation. • Children who have had sickness and/or diarrhoea should be kept off school until 48 hours symptom-free.

- There are recommended times away from school to limit the spread of infectious disease. Please see Public Health England guidelines for further information:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522337/Guidance_on_infection_control_in_schools.pdf

Absence as a result of Long Term and Recurring Illness:

- Some pupils will be away from school long-term or with recurrent bouts of illness.
- All pupils who are unable to attend school for more than 15 school days due to medical needs will be regularly monitored and reviewed by the designated member of staff together with LA representatives. Ongoing medical advice will be taken into account at all times.
- Absence will be recorded on the register as medical only when appropriate medical advice has been received. When a pupil commences education with an alternative education provider the absence will be recorded as educated off site. This is in accordance with the LA attendance policy.
- The Department for Education (DfE) has produced statutory guidance 'Access to Education for Children and Young People with Medical Needs' with regard to pupils who may be absent for more than 15 school days because of medical need.
<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>
- We will work closely with the Local Authority (LA), health professionals and other agencies to ensure that their pupils receive access to appropriate educational provision when they are not able to attend school.
- In these cases the designated member of staff will liaise with the LA to ensure that alternative education provision is put in place as soon as possible. Wherever possible, work and materials will be provided for the pupil in accordance with their peers.
- The designated member of staff will be responsible for liaising with the LA education provider and will ensure that information is given regarding the pupil's ability, progress and curriculum programmes. It is acknowledged that continuity of education is important for these pupils.
- In cases of long-term or recurrent absence the designated member of staff will participate in the development of a Health Care Plan (HCP) for the pupil. This will be written in conjunction with the LA, the parents and pupil. The school will retain responsibility for coordinating the HCP or EHC Annual Review meetings and for inviting the appropriate people to such reviews.
- For pupils whose learning progress is being severely affected by long term absence the Special Educational Needs Co-ordinator (SENCo) will be advised and consideration will be given as to whether Statutory Assessment of Special Educational needs should commence. The SENCo will

notify the Assessment and Placement Service if a pupil with a Statement of SEN is going to be absent from school through medical need. Pupils absent for medical reasons will not be removed from the school roll unless advice is received from the School Medical Officer stating they will not be fit to return to school before ceasing to be of compulsory school age. Parents will be fully consulted and their consent sought if their child is to be removed from the school roll in these circumstances.

Reintegration following Long Term and Recurring Illness:

- For pupils who have been absent from school it may be necessary to have a staged reintegration plan. The designated member of staff will co-ordinate the initial meeting to instigate a plan, together with the LA, parent and pupil and any health professionals who may need to be involved.
- The reintegration will be monitored and reviewed regularly with all parties to ensure success.
- We are committed to ensuring that, even if a pupil is absent for medical reasons, they should retain contact with the school. After consultation with the pupil and taking into account their wishes in relation to the level of contact, the designated member of staff will put a plan into place to ensure contact is maintained.

The following modes of contact are available:

- Newsletters to be sent home
- School website
- Parent Hub
- Inclusion in trips and social events
- Contact with peers and members of staff via e-mail

Staff indemnity

Clarendon Federation fully indemnifies its staff against claims for alleged negligence providing they are acting within the scope of their employment. The administration of medicines falls within this definition so staff can be reassured about the protection their employer provides. The indemnity would cover consequences that might arise where an incorrect dose is inadvertently given or where administration is overlooked. It also covers the administration of emergency medication when given according to an individual child's protocol.

In practice, indemnity means that the County Council and not the individual employee will meet any costs of damages arising should a claim for alleged negligence be successful. In practice, it is very rare for school staff to be sued for negligence and any action is usually between the parent and employer.

Appendices:

Appendix A-

Responsibilities of the Governing Body 'Supporting pupils at school with medical conditions' statutory guidance for governing bodies, DfE September 2015.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

1. The governing body will ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.
2. In making their arrangements, the governing body will take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. Some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
3. The governing body will ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.
4. The governing body will ensure that staff are properly trained to provide the support that pupils need. They will also need to ensure staff are competent before they take on responsibility to support children with medical conditions. They should 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.
5. Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Every case will be different, but the governing body will ensure that there is an effective partnership when working with different agencies.
6. Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.
7. The governing body will ensure that the policy for supporting pupils with medical conditions is reviewed regularly and is readily accessible to parents and school staff.

8. The governing body will ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (The headteacher).

9. The governing body will ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition (see flowchart for an Individual Health Care Plan (IHCP)). Arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to the school mid-term, every effort will be made to ensure that arrangements are put in place, ideally within 2 weeks.

10. The governing body will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

11. Should parents 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.

Appendix B - Request to Administering Medicines

Insert forms here

Appendix C -

PHOTOS OF OUR FIRST AIDERS IN SCHOOL, QUALS AND DATE OF QUALIFYING.