



Milverton Community Primary and Pre-School

Medical Needs Policy

Date Reviewed: November 2022
Next Review Date: November 2023

Medical Needs Policy

Key Staff

Headteacher – Mr Richard Stead

Special Educational Needs Coordinator (SENCO) – Mrs Meera Pow

Special Educational Needs (SEN) Governor – Mr James Pyne

We aim to ensure that all children, including those with medical conditions can continue to enjoy learning, friendships and play. Parents have the prime responsibility for their child's health and are required to provide the school (via the Head teacher, SENCO or pre-school lead) with information about their child's medical condition before they are admitted to the school, or as soon as the child first develops a particular medical need.

Pupils with Short Term Medical Needs

If children are unwell and unable to cope with a busy school or pre-school day or if the child has an infectious or contagious condition they should not be sent to school. The school has guidance from Public Health England about common conditions and how long children should be kept off. The school office staff can advise if necessary. This can be viewed at the following location: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> under the 'exclusions' tab. The Headteacher reserves the right to send a child home if they are not well enough to be in school or if they are putting others at risk of infection by being in school. If they become ill during the day, parents/carers will be contacted by the school office or pre-school staff in order that the child can be taken home. Children may need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of prescribed antibiotics. Where possible doses should be given before or after school, however medicines may be brought into school if it would be detrimental to the child not to do so. Medicines should be brought to school in the original containers with the labels attached. Parents should inform the school (using the forms available from the school office or from pre-school staff) about the medicines that their child needs to take and provide details of any further support required.

Responsibility for administering prescribed medication

Prescribed medication **must** always be labelled with the child's name, the correct dose and the frequency of dosage before staff can be asked to administer it. The school will ensure that there are sufficient members of support staff who are employed, appropriately trained and willing to manage medicines. For short term prescribed medication, the administration will generally be managed by the office staff. The type of training necessary will depend on the individual case. If they are in doubt about any procedure, staff will not administer the medicines but will check with the parents or a health professional before taking further action.

Record-keeping

Staff will complete and sign a record each time they give short term medication to a child. These are filed in the school office or pre-school individual pupil files when the course of prescribed medicine is completed. For long term medical needs, such as asthma or allergies, the child's teaching team will be responsible for administering medication and logging any medication administered in their class Medical Care Log Book. Entries must include the following details:

- Date
- Time
- Child's Name
- Any symptoms
- Medication/procedure administered

- Self administration/administered by an adult
- Name of adult administering
- Whether parents/carers were informed

Refusal to take medicine

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents of the refusal immediately. If a refusal to take medicines results in an emergency, then the usual emergency procedures will be followed.

Storage of medication

All emergency medicines, such as asthma inhalers and adrenaline pens, will be safely stored and will be readily available. They will not be locked away and where children are considered safely able to take care of their own medicines they will be supported to do so. Medication for long term medical needs, such as asthma inhalers and epi-pens will be made readily available for adults running before-school and after-school clubs. Some medicines need to be refrigerated. These will be kept in the staffroom or pre-school fridge and access will be restricted to the refrigerator holding medicines.

Absence from school for more than 15 days

For those children who attend hospital appointments or are admitted to hospital on a regular basis, special arrangements may also need to be considered. In this event advice may be sought from the PIMS (Physical Impairment and Medical Support) Team or Team Around the School who might offer additional support from the Link Education Centres. Children with medical needs may be unable to attend school for many reasons relating to their condition and in this event the school will make arrangements to link the child to suitable learning opportunities with the aim of providing continuity of education, and will facilitate their links with other children so that relationships are sustained.

Pupils with Long Term or Complex Medical Needs

Where a child's needs are particularly complex and could affect their ability to access the full curriculum or participate in other areas of school life, then special arrangements will be made. The PIMS Team and SENITAS (Special Educational Needs Assistive Technology Advisory Service) may be contacted to support any adaptations to the curriculum and/or equipment. In some cases this might take the form of dedicated adult support, at certain times of the school day. Alternatively, the child's needs could be such that modifications to the learning environment and/or the provision of specialist aids will need to be considered.

Individual Medical Care Plans

A written individual Medical Care Plan will be developed, where needed, to clarify for staff, parents and the child, the support that will be provided and what training may be required. This will include:

- Details of the child's medical condition;
- Dosage and details of any medication that may need to be administered;
- Daily care requirements;
- Action to be taken in an emergency;

- Parents/carers details including emergency contact numbers and consent for administration of medication.

Those who may contribute to a medical care plan include:

- The school nurse, specialist nurses, children's community nurses, the child's GP or other health care professionals (depending on the level of support the child needs)
- The parents/carers (and the child, if appropriate)
- The Headteacher and SENCO
- The class teacher, care assistant or teaching assistant or member of pre-school staff
- Support staff who are trained to administer medicines or trained in emergency procedures.
- PIMS team

It is good practice to have a medical care plan endorsed by a health care professional and in many cases it is essential to do so. For any children who have been prescribed medication for asthma or allergies, we request that parents obtain a written care plan from the GP or physician overseeing care for our school records.

The school will agree with parents how often they should jointly review a Medical Care Plan. The timing of this will depend on the nature of the child's particular needs. In most cases this will take place at the start of each school year; however, some plans will need to be reviewed more frequently depending on individual needs. Healthcare plans and training are not transferable, even when children have the same condition.

Training

If school staff need to be trained to administer medical procedures the school will contact the relevant health care professional, eg school nurse, specialist nurse or children's community nurse. Parents cannot be responsible for leading this training but parents and children will be asked to participate in the training and give advice and guidance on how they prefer things to be done. Parents and school staff cannot cascade training that they have received when the training is specific to an individual child. School staff who have been trained are responsible for following and delivering the medical care plan and if the child's condition alters they will contact an appropriate professional and the parents, making them aware of the change and requesting further training if needed or an alteration to the plan. Staff who have been trained in the child's care are responsible for following the procedures in children's care plans as they have been trained to do. The SENCO will liaise with health care professionals and the trained staff to support and facilitate training refreshers and updates as needed. Individual staff members are responsible for identifying and communicating any changes that they notice in the child's care needs.

Communicating Needs

Medical Care Plans for individual children are kept in the classroom where they are accessible to all staff involved in caring for the child. A confidential file containing pupils' individual Medical Care Plans and any linked information is available to all teaching and support staff in the staff room/pre-school office and in the class supply teacher folder stored in the school office. Further copies and full medical records are stored in the child's personal file. Individual medical needs are communicated to any before or after-school club leaders through their daily registers and the children's individual Medical Care Plans and medication is stored in the staffroom cupboard out of school hours for use by extra-curricular club leaders.

Educational visits

Visits and school residential trips will be planned so that pupils with medical needs can participate and reasonable adjustments will be made as appropriate to ensure that they are not discriminated against. If a risk assessment indicates that it is not safe for the pupil, their peers or staff if they participate in part of the experience because of their condition, then reasonable adjustments will be made and an alternative experience will be provided to ensure that they are able to join in the curriculum surrounding the trip. Staff supervising excursions and residential trips will always make sure that they are aware of any medical needs, and relevant emergency procedures. The details of this are stored in school on the pupils' Medical Care Plans. In the case of a residential, the visit leader will also seek to meet with the child's parents/carers in advance of the visit to check whether the child has any additional needs to enable them to take part fully. Parents of children participating in residential trips will need to complete the required consent forms giving details of all medical/dietary needs. All medication or equipment which needs to be administered during the course of the visit should be handed directly to the class teacher in accordance with the school's guidelines before leaving the school at the start of the trip. A copy of individual Medical Care Plans will be taken on visits in the event of the information being needed in an emergency. Arrangements for taking any necessary medicines will be made and if necessary an additional member of the support staff, or an appropriate volunteer might be needed to accompany a particular child. Children's parents will not be required to accompany their own children on school trips. If there is any concern about whether the school is able to provide for a child's safety, or the safety of other children on a visit, then parents will be consulted and medical advice sought from the school health service or the child's GP.

Sporting Activities

All children with medical conditions will be encouraged to participate as fully as possible in physical activities and extra-curricular sport. For many, physical activity can benefit their overall social, mental and physical health and well-being. Staff will be sensitive to their individual needs and sufficient flexibility will be incorporated into the lesson planning for all children to be included in ways appropriate to their current abilities. Any restrictions on a child's ability to participate in PE will be recorded in their individual Medical Care Plan. This will include a reference to any issues of privacy and dignity for children with particular needs. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Insurance

This is a maintained school: we link to the local authority as employers who are responsible for insurance arrangements of LA schools and their employees. Somerset County Council (SCC) insures its liabilities up to £50,000,000 in respect of Public and Employers' liability. SCC self-insures for Employers' Liability up to £250,000, Public Liability and Professional Indemnity up to a limit of £1,000,000. The governing body will ensure that appropriate level of insurance is in place and appropriately reflects the level of risk.

This policy is shared with all parents via the school website.

Reviewing the Policy:

This policy will be reviewed annually. However this may be sooner if it is felt appropriate.